

APPLICATION FOR INDIVIDUAL SANITATION FACILITIES

Portland Area Indian Health Service - Olympic District

Part I: To Be Completed By the Applicant

Applicant Information

Preferred Method of Contact:

Email

Phone

Applicant Name: _____

Tribe: _____ Enrollment #: _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Has IHS or any other Federal Agency provided sanitation facilities to this applicant before? Yes No

If yes – Address of Site Served: _____

City: _____ State: _____ Zip: _____

What Year? _____ Which Agency? _____ Services Provided: _____

Home Site Information

The Property is: Owned Leased If Leased, # of years remaining on lease: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parcel/Allotment #: _____ County: _____

Section: _____ Township: _____ Range: _____ Home Site is: Trust Fee

Has IHS or other Federal Agency provided sanitation facilities to this home site before? Yes No

If yes - Under what applicant name? _____ During what year? _____

Home is: Existing Proposed New Construction Home is/will be primary residence? Yes No

Date of Occupancy (if existing) or Estimated Move-In Date (if new): _____

Home Type: Manufactured Wood Frame Other: _____

Number of Bedrooms: _____ & Bathrooms: _____ Number of Residents: _____ & Ages: _____

If home is existing, describe any improvements during the last year: _____

Existing Utilities

None Electric Gas Cable Septic Tank Drain Field

(Check all that apply) Water Well Other: _____

Describe any problems you are having with existing water and wastewater facilities: _____

Service Requested

Water: Well Community Water Connection

(Check all that apply) Wastewater: Septic Community Sewer Connection

Reason for Request: New Home Home Renovation Failed Facilities

Other: _____

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Home Loan Type	Bank	HUD IHBG	Section 184 Loan Guarantee	Other: _____
Is applicant's name on loan?	Yes	No	If no, provide name on loan: _____	

Service Guidelines

I hereby certify that the information in this Application is true and accurate to the best of my knowledge.

I hereby agree:

- To allow the IHS or representatives authorized by the IHS to enter upon my property to evaluate the site and to construct or inspect the facilities requested in this application.
- To obtain legal survey, easements and permits necessary for the requested sanitation facilities.
- To accept ownership upon completion of the requested sanitation facilities, and to operate and maintain them in a satisfactory manner.

I understand that facilities will be provided only if funding is available and if the applicant, home, and home site meet qualification criteria established by the IHS. I understand that costs incurred by the applicant/homeowner will not be reimbursed by the IHS.

_____ APPLICANT SIGNATURE & DATE	_____ LANDOWNER SIGNATURE (If Not Applicant) & DATE
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Submit completed Application with All Required Documents to your Tribal Liaison for IHS SFC Individual Home Services for review and endorsement.

See Appendices on Page 3 for Required Documents and Contact Information.

Part II: To Be Completed By the Tribe

Application Certification

- The applicant is an adult member of a federally recognized Tribe?
Yes No
- Applicant's home site is within the Purchased/ Referred Care Delivery Area?
Yes No
- Home site is zoned for residential development?
Yes No
- Land status is current and accurate as reported by the applicant?
Yes No

Eligibility & Endorsement

This application has been reviewed by the

Tribe/Nation. The application is complete. The applicant is considered eligible and hereby recommended for service.

The Tribe/Nation appoints

as liaison to coordinate service.

TRIBAL CHAIRPERSON SIGNATURE & DATE

Part III: To Be Completed By the Indian Health Service

Application Received by



SERVICE REQUEST MANAGER SIGNATURE

DATE RECEIVED

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Appendix A: Required Documents to Submit with Completed Application

Required:

- Deed/Lease Agreement/Land Status
- Proof of Tribal Enrollment
- Legal Description of Property
- Purchase Sale Agreement for New Modular/Mobile Home (if applicable)
- Loan Approval (if applicable)

If Available: *IHS may be able to assist with obtaining these documents, upon request from homeowner.*

- Well/Geotechnical Report
- Soil Survey Results
- Proposed Septic Design (by Licensed Septic Designer)
- *Legal Survey/Site Plan Showing Property Lines and Utilities
- *As-Built Drawing of Existing Septic System
- *Right of Way (ROW) Permit
- *Septic Permit
- *Water/Sewer Easement Agreement

**May be available through your county assessor and/or included in your deed.*

Appendix B: Contact Information

Your **Tribal Liaison for IHS SFC Individual Home Services** is:

Name: _____

Phone: _____

Email: _____

*If you receive this form without an identified Tribal Liaison noted above;
contact your Tribal Housing Office or the IHS office listed below for assistance.*

Questions about this application? Contact:



IHS Olympic District
Scattered Sites Program Management Line
360-536-6159