

**East of Hudson Septic System Rehabilitation Reimbursement Program  
Application for Reimbursement of Eligible Costs**

**Applicant/Owner Information:**

Name of Applicant (Owner): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**Property Information:**

Street Address of Septic System (if different from above): \_\_\_\_\_  
Town: \_\_\_\_\_  
Town Tax ID # (Section/Block/Lot): \_\_\_\_\_

**Project Information:**

Total Project Cost: \_\_\_\_\_  
Reimbursement Request: \_\_\_\_\_  
Name, Address, Phone Number of Contractor: \_\_\_\_\_

**Please enclose the following:**

- Description of all work completed, including all investigative and design tasks
  - **For remediation projects** this should include, but is not limited to, a copy of the WCHD design approval letter, as-built plans, and WCHD construction completion letter
  - **For repair projects** this should include, but is not limited to, a copy of the Westchester County Onsite Wastewater Treatment System (OWTS) Repair and Remediation Data Form
  
- Original copy of invoice(s) to document eligibility of costs (e.g. design engineer, septic contractors, subcontractors)
  
- One of the following payment methods to provide proof of payment:
  - Canceled check(s) or bank copy of canceled check(s) (please include a copy of the front and back of the check)
  - Money order receipt
  - A signed statement from contractor/design professional verifying they have received payment

I declare and affirm under the penalties of perjury that this claim in all things is true and correct, that I am the owner of said system, and that I have not received any other source of reimbursement for the above referenced system.

Property Owner \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)