



TOWN OF SOUTHAMPTON
Department of Community Preservation
24 W. Montauk Hwy, Hampton Bays NY 11946
WWW.SOUTHAMPTONTOWNNY.GOV/CPF
SEPTICREBATE@SOUTHAMPTONTOWNNY.GOV

For Office Use Only

INNOVATIVE AND ALTERNATIVE ON-SITE
Wastewater Treatment Systems (IA/OWTS) Rebate Application
For Replacement of Existing Septic Systems

Section 1: Property Location Information

Please print or type

Name of Applicant:
Property Location: SCTM #:
Email:
Mailing Address:
Property is located in a Priority Area of the CPF WQIPP
Applied for Suffolk County SIP Grant
Applied for NYS SSRP Grant
Any Outstanding Code Violations?
Applying for Low to Moderate Income Incentive (individual(s) tax return(s) required)
Property was deemed a catastrophic failure by SCDHS
Property is affordable housing under Chapter 216 of Southampton Town Code

Section 2: Assignment of Rebate and Indemnification – please initial next to each item and sign below

Initial

- I understand that I may assign all or a portion of the rebate disbursement to the installer with written consent prior to disbursement. In doing so I agree that no contractual agreement or relationship exists between Southampton Town and the installer for the service provided, and I assume all risk and responsibility for losses in connection with the services provided by the installer and agree to indemnify, defend, and hold harmless the Town, its agents, and employees, from any claim or loss, including litigation and attorney's fees arising from the provision of any services.
I confirm that the rebate amount provided by the Town is not duplicative of any rebate or grant monies provided by another source. I understand that duplicative monies will be returned to the Town immediately or they will be recovered by the Town in a court of competent jurisdiction.
I confirm that the subject property is NOT new construction.
I authorize the subject property to be inspected by the Town if deemed necessary.
I understand, I must submit the Final Approval document to the Town within 1 year of the date on the Final Approval from the County.
I understand that I must submit all documents for payment within 1 year of the Town receiving my Final Approval from the County.
I understand that the following are not eligible expenses: expediting fees, application fees and landscaping costs not directly related to restoring the property to its previous condition prior to the I/A installation. Therefore, these expenses will not be reimbursed under the Southampton Town Rebate Program.
\* Landscaping fees that are directly related to restoration of the property after completion of the I/A installation are eligible to be paid by the Rebate subject to sufficient invoicing and justification. \*

Applicant/Representative of Applicant Signature Date:
Print Name

Section 3: Documents Required for Rebate after Installation

Provide the following to the CPF Department:

- Certificate of Electrical Compliance and Certificate of Wetland Compliance (if applicable)
Invoices of actual costs paid for IA/OWTS installation and proof of payment(s)
Final Approval from the County aka Green stamped survey or Sanitary Replacement / Retrofit Letter from Suffolk County
Invoice / Receipt Certification Form

\*\* PLEASE SUBMIT THIS APPLICATION AND COMPLETED W-9 (WITH HOMEOWNER'S MAILING ADDRESS) TO THE EMAIL OR OFFICE ADDRESS PROVIDED BELOW\*\*

Please note, an Owner's Endorsement Form is also required if the application is being submitted on the owner's behalf.
ALL APPLICANTS MUST SUBMIT A COMPLETE REBATE APPLICATION INCLUDING FINAL DOCUMENTATION WITHIN ONE YEAR OF THE COUNTY FINAL GREEN STAMPED PLANS

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## Application Accepted & Eligible for Rebate

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- Application Reviewed and Eligible for a Rebate
- Not Eligible Upon Review – Reason: \_\_\_\_\_

CPF Manager – Town of Southampton                      Name: \_\_\_\_\_ Date \_\_\_\_\_

## Completed Application

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Date of Final Approval from County: \_\_\_\_\_  
Date

Date the Town Received Final Approval: \_\_\_\_\_  
Date

Application Final Submission Expiration Date: \_\_\_\_\_  
Date

CPF Manager – Town of Southampton                      Name: \_\_\_\_\_ Date \_\_\_\_\_

## Approved Maximum Eligible Rebate

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- \$20,000
- N/A – Tax Returns not submitted.
- Not eligible for LMI upon review.
  
- \$20,000 + \$5,000
- Income verified by most recent Federal or State Income Tax Return for eligibility of additional funding plus proof of extension, if applicable (not to exceed \$5,000)

CPF Manager – Town of Southampton                      Name: \_\_\_\_\_ Date \_\_\_\_\_

## Rebate Disbursement Amount Approval (all items have been received within 1 year of receiving County approval)

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Issue Check to:     Applicant     Installer

Application is approved for rebate disbursement in the amount of:

Name \_\_\_\_\_ \$ \_\_\_\_\_

Name \_\_\_\_\_ \$ \_\_\_\_\_

CPF Manager – Town of Southampton                      Name: \_\_\_\_\_ Date \_\_\_\_\_

Issue Check to:     Applicant     Installer

Application is approved for rebate disbursement in the amount of:

Name \_\_\_\_\_ \$ \_\_\_\_\_

Name \_\_\_\_\_ \$ \_\_\_\_\_

CPF Manager – Town of Southampton                      Name: \_\_\_\_\_ Date \_\_\_\_\_