



CITY OF CALABASAS

OWTS INSPECTION GRANT PROGRAM

CITY *of* CALABASAS

Thank you for your interest in the City of Calabasas' Onsite Wastewater Treatment System (OWTS) Inspection Grant Program ("Program"). The Program was established by the Calabasas City Council on October 14, 2009 to provide financial assistance to low-income property owners who are endeavoring to comply with the City's OWTS inspection requirements. The Program provides a one-time grant of up to \$500 to eligible recipients. The eligibility requirements for the Program are as follows (you must meet all three):

- You are a property owner in the City of Calabasas.**
- You have an OWTS on your property.**
- Your 2008 gross annual income is below 80% of Los Angeles County's Median Income (refer to Attachment A for income thresholds).**

In order to ensure that your application is processed in an expedient manner, we request that you submit all of the following:

- Completed City application (attached).**
- Verification of ownership, as demonstrated by a copy of the property title or deed, or a copy of most recent property tax bill.**
- Verification of income below 80% of Los Angeles County's Median Income, as demonstrated by a copy of your signed 2008 federal income tax return (1040, 1040A, 1040EZ); and if applicable, your 2008 Social Security Benefit Statement (SSA-1099). If a tax return was not filed, then please provide an affidavit stating that a 2008 tax return was not filed with reasons to support the non-filing status (refer to Attachment B).**
- The OWTS inspection report.**
- The invoice from the OWTS inspector.**

In order to be considered for assistance, this form must be completed and returned to Jan Silver, Executive Assistant, City of Calabasas, 100 Civic Center Way, Calabasas, California 91302, 818-224-1722.



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OWTS INSPECTION GRANT PROGRAM – APPLICATION

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This application must be fully completed with the information required to determine applicant eligibility for participation in the Program. Completion of this form does not constitute an approval for assistance.

- I, the undersigned, seek financial assistance under the Calabasas OWTS Inspection Grant Program. As a material inducement to the City of Calabasas to provide assistance for the undersigned, I certify the following:

Property Owner's Name:				
Property Address:				
Assessor's Parcel Number:				
Date OWTS was inspected:				
Telephone (day/evening):	()		()	

- I certify that our household is hereby declared to consist of the following individuals (if necessary, attach an additional sheet with the requested information for all individuals in the property owner's household):

Last Name	First Name	Relationship to Head of Household
		Head/Self

3. I certify that our 2008 gross annual income is as follows and can be supported by our 2008 federal income tax return (or affidavit), and if applicable, our 2008 Social Security Benefits Statement:

Unemployment Benefits:	Annuity or Trust Payments:	Child Support:
Employment Wages:	Social Security:	Military Allotment:
Tips:	Retirement Pension:	Veteran's Benefits:
Self-Employment Income:	Insurance Benefits:	Other:
Worker's Comp:	Death Benefits:	Other:
Alimony:	Income from Rental Property:	Total Income:

4. I acknowledge that the granting of any financial assistance is at the sole discretion of the City of Calabasas, and subject to additional Program requirements and funding availability. I further acknowledge and understand that this Affidavit will be relied upon for purposes of determining my eligibility for Program participation. I acknowledge that any material misstatement fraudulently or negligently made in this affidavit or in any other statement made by me in connection with this application may constitute a federal violation punishable by a fine and/or denial of my application, or, if approval has been awarded prior to discovery of the false statement, immediate cancellation of the approval which may be in addition to any criminal penalty imposed by law.

Property Owner's Signature:

_____ Date: _____

To be completed by staff:

Date Received: _____

Staff: _____

**City of Calabasas
OWTS Inspection Grant Program**

**2009 Los Angeles County Income Limits for Households with
80% of Area Median Adjusted for Family Size**

Household Size	80% of Median Income
1	\$44,400
2	\$50,750
3	\$57,100
4	\$63,450
5	\$68,550
6	\$73,600
7	\$78,700
8	\$83,750

Source: The county-level income limits are set by HUD and used by the State for programs such as CDBG and HOME. The income limits above went into effect on April 27, 2009.

Los Angeles County Median Income is \$62,100

**City of Calabasas
OWTS Inspection Grant Program**

Affidavit of Non-Income Tax Filer

Name: _____

Address: _____

I was not required to file a 2008 Federal Income Tax Return for the following reason(s):

Under penalty of perjury, I certify that to the best of my knowledge the aforementioned statements are true.

Signature:

Date: