



Nooksack Indian Tribe

Community Health Fund: Septic Assistance Application

Name: Last	First	MI	Nooksack Enrollment #:	Telephone Number:
Your Physical Address:			City:	State: Zip:
Age: _____			Is this a rental unit? Yes	No
What issues are you having with your septic?			When was the last time your septic was serviced?	
			What services were done?	
			Who did the services?	
Is your septic accessible?				
Where on the property is your septic located?				
Are there any bushes or debris in the way of your septic?				
<p>AWKNOWLEDGMENT AND AGREEMENT:</p> <p>I, applicant, _____, in regards to the Nooksack Indian Tribe (The Tribe) considering my application for assistance, hereby certify that the information in the application is true and correct to the best of my knowledge, and hereby acknowledge and agree to the following:</p> <ol style="list-style-type: none"> 1. To consent and authorize tribal and/or I.H.S. representatives to enter upon my property in order to evaluate the site conditions, as necessary, and to make any repairs or perform other work as may be identified during the application process; 2. To obtain all necessary permits and/or easements; 3. To accept ownership, and operate all equipment including any sanitation facility (or device) in a satisfactory manner, following any repair or completed work, as may be identified during the application process. 4. To assume responsibility for and arrange payment for all costs, fees and expenses in excess of any assistance provided by the Tribe 5. My failure to comply with the above may result in delay of approval, or denial of my application, or possible loss of assistance. <p>Signed this ____ Day of _____, 20__.</p> <p>Applicant Signature: _____</p>				

FOR OFFICE USE ONLY: Verified: Enrollment Home Ownership

Staff Signature: _____

Date: _____

Director Signature: _____

Date: _____

Approved Date: _____ Denied Date: _____ Reason for Denial: _____

Vendor Contacted: _____ Date Vendor Contacted: _____