



APPLICATION

For

Individual Site Sanitation Facilities Portland Area Indian Health Service SEATTLE DISTRICT OFFICE

HOMEOWNER INFORMATION

1. Name(s): _____
2. Home Phone: _____ Work Phone: _____ Fax: _____
3. Current Mailing Address: _____

HOMESITE INFORMATION

4. Site Address: _____

5. Directions to/location of home to be served: (*from Seattle*) _____

6. Best time of day for IHS to do site evaluation during normal working hours : (*Please make site accessible, vehicles and heavy equipment moved, and animals confined if necessary*) _____am _____pm
7. Type of Home: Wood _____ Frame _____ Masonry _____ Mobile Home _____ Other _____
8. Number of years at location: _____
9. Number of bedrooms: _____
9. Number of occupants, including yourself: _____
10. Home is or will be primary residence: Yes: _____ No: _____
11. Mobile/Modular Homes ONLY: Home on site? Yes: _____ No: _____ If not, submit *Bill of Sale Contract*
12. Date Mobile/Modular home will be on site: _____
13. Electrical power available at site: Yes: _____ No: _____ If not, when: _____
14. Existing Water Facilities currently at site:

	YES	NO
Individual Well Pressure System	_____	_____
Community Water Connection	_____	_____
None (New Homesite)	_____	_____
Other (Describe) _____	_____	_____
Did the Indian Health Service develop it?	_____	_____

15. Existing Sewer Facilities currently at site:

YES NO

Septic Tank/Drainfield System _____
Community Sewer Connection _____
None (New Homesite) _____
Other(Describe) _____
Did the Indian Health Service develop it? _____

16. Likely Water Facilities Requested:

_____ Individual Well & Pressure System
_____ Community Water Connection
_____ Other (Describe) _____
_____ None

17. Likely Sewer Facilities Requested:

_____ Individual Septic Tank and Drianfield System
_____ Community Sewer Connection
_____ Other (Describe) _____
_____ None

18. Reason(s) for Requested Service: _____ Service to new home _____ Service to renovated home
_____ Replacement of failed facilities _____ Other (describe) _____

19. Land Status (*Submittal of Deed Required*):

Legal Description (an official legal description is required for submittal, if not on Deed):
Section _____ Township _____ Range _____

20. Deed Type (**Very Important**):

_____ Trust (On Indian Reservation) _____ Non-Trust (Off Indian Reservation)
_____ Other (Describe) _____
If Non-Trust, what County is property located in? _____
If leased, Number of years: _____

If possible, a submittal of an illustrative legal survey of your plot of land (depicting exact Lot Dimensions and Lot Bearings) would be appreciated (but not required). This may speed up the application process by giving the IHS a better idea of the scope of work for your individual homesite.

Comments:

INDIVIDUAL SITE GUIDELINES

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

1. To allow IHS or it's authorized representatives to enter upon my property to evaluate the site and to construct or inspect facilities in this Application.
2. To obtain all easements and permits necessary for the requested sanitation facilities.
3. To accept ownership upon completion of the requested sanitation facilities, and to operate and maintain them in a satisfactory manner.

I understand that these facilities will be provided only if funding is available and if this application meets IHS qualification requirements.

Signature of Head of Household

Date

TRIBE-PART II

19. Zoning:

- a) The propose housing site is , is not in conformance with zoning regulations
- b) No applicable zoning regulations . This site is , is not acceptable for housing.

Remarks: _____

20. Land Status Certification:

We have reviewed the applicant's land status as reported above by applicant and hereby certify that information is , is not current and accurate.

(If not) Actual Status: _____

21. Tribal Eligibility and Endorsement:

This application has been reviewed by the _____ Tribe.
The applicant is a member of a Federal Recognized Tribe and the application is eligible, therefore; applicant(s) are recommended for services.

22. The _____ Tribe appoints _____
as liaison to coordinate Tribal participation in serving this applicant.

Liaison Phone Number: _____

Fax Number: _____

Liaison Mailing Address: _____

State _____

Zip _____

Tribal Chairperson

Date

Note: INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION

INDIAN HEALTH SERVICE – PART III

23. Application Received:

Date

Sanitation Facilities Construction Section