



## Savvy Septic Program Grant Application

**What are Savvy Septic Grants?** Grants up to \$30,000 are available to help low-income homeowners cover the cost of major septic repair, replacement, or connection to sewer. Grant funds can go toward design and installation costs. Funding is limited and available on a first-come, first-served basis until funding is exhausted.

**Project Timeline** If approved, your project may take several months to complete because our program uses governments funds, and we must go through certain processes and requirements.

**Eligibility** Review the eligibility checklist below. More details are available in our [full program standards](#).

- Property must be located in Snohomish County and be a single family residence.
- Applicant must own AND live on the property.
- The septic system has been inspected by a certified septic provider or the Health Department and has been determined to be failing and in need of major repair or replacement (or connection to sewer).
- Must have a gross household income at or below 50% of the median area income limits set by the Department of Housing and Urban Development (HUD), as shown below.

Household Size	1	2	3	4	5	6
Monthly Household Income	\$4,583.33	\$5,237.50	\$5,891.66	\$6,545.83	\$7,070.83	\$7,595.83
Annual Household Income	\$55,000	\$62,850	\$70,700	\$78,550	\$84,850	\$91,150

### How to Apply

- 1 **Fill Out an Application** Complete each section of the application that applies to you.
- 2 **Add Attachments** Make sure to attach proof of identification and income documentation!
- 3 **Submit Your Application** Applications can be emailed to [savvy.septic@snoco.org](mailto:savvy.septic@snoco.org)  
Applications can also be mailed or brought into our front counter:  
Attn: Savvy Septic Program  
Snohomish County Health Department  
3020 Rucker Ave. Suite 104  
Everett, WA 98201
- 4 **What Happens Next?** We will review your application within 7-14 business days. Our staff may reach out to request additional information before making a final determination.
- 5 **Questions?** Send an email or give a call! Email: [savvy.septic@snoco.org](mailto:savvy.septic@snoco.org) Phone: (425) 388-3636

**IMPORTANT:** We cannot reimburse for any costs already incurred. While awaiting approval for a grant, do not begin hiring and scheduling work to fix your system. If you are approved for a grant, there are specific requirements we must follow in order to cover costs, and we will help you through the process.

If you have received a notice to correct your system from the Health Department, we will inform our staff to pause enforcement until a determination is made regarding your grant approval.

### Environmental Health Division

3020 Rucker Avenue, Suite 104 | Everett, WA 98201-3900 | 425.388.3636 | [savvy.septic@snoco.org](mailto:savvy.septic@snoco.org)

**Applicant & Property Information**

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Phone Number:** (        )        -       

**Email:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mailing Address (if different from address above):** \_\_\_\_\_

**Type of House:**     Single Family     Duplex or Triplex     Mobile

**Has a septic professional determined that your system is failing & needs major repair/replacement?**

Yes     No

If yes, date of inspection: \_\_\_\_/\_\_\_\_/\_\_\_\_    \*Inspection company name: \_\_\_\_\_

\*Check this box if the Health Department determined your system is failing instead of a septic company

**Household Member Information**

Use the next page (page 2) to fill in the information requested for ALL household members, including children. If the household member listed earns income or is a full time student, check the boxes accordingly. When submitting your application, you will need to **attach proof of identification** for each person living in the household. Acceptable forms of proof you can attach include:

- Photo ID
- Birth certificate
- Passport
- Student ID
- Education document displaying full name

**Household Member Information (cont.)**

Full Name (first & last)	Age	Type of Identification Attached	Earns Income?	Full Time Student? *
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

*\*For full time students over 18, please also submit transcripts or proof of enrollment.*

**Income Documentation**

**For each household member over 18 who is not a full-time student, please attach the most recent income tax return documentation.** We accept the previous year’s tax return up until May 1<sup>st</sup> of the current year. For example, we will accept 2024 tax returns until May 1<sup>st</sup> of 2026. After May 1<sup>st</sup>, tax returns from 2025 will be required.

**Note:** If your recent income tax return does not provide a clear snapshot of your household income, our program may reach out to request additional documentation including, but not limited to:

- Social Security benefit letter (if applicable)
- Pension or retirement benefit letter/statement (if applicable)
- Pay stubs and/or bank statements for the past 3 months
- Inheritance documentation

**Certification**

I hereby swear that the information I have provided in this grant application is true and complete to the best of my knowledge as of the effective date of this certification. Subject to legal requirement that prohibit disclosure of certain information, I give permission for Snohomish County to release my grant application and account information to outside agencies providing funding to the Savvy Septic program. I understand that if this application is approved and funds are granted, I will be ineligible to redeem a Savvy Septic Grant for the same property or another property of which I am a member of the household in the future. I understand that grant funds cannot be used to reimburse costs already incurred and that all work must be contracted through specific Health Department processes.

Printed Name of Applicant: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Remember to include your attachments with your application!**

- Proof of identification for ALL household members including children
- Proof of income for ALL adults over 18 who are not full-time students

**How did you hear about Savvy Septic Grants? (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Friend/Family<br><input type="checkbox"/> Septic Contractor/Inspector<br><input type="checkbox"/> Savvy Septic Newsletter<br><input type="checkbox"/> Website or Internet search<br><input type="checkbox"/> Letter from Health Department | <input type="checkbox"/> Social media<br>Please specify: _____<br><input type="checkbox"/> Social service provider or other program<br>Please specify: _____<br><input type="checkbox"/> Fair or event<br>Please specify: _____<br><input type="checkbox"/> Other, please specify: _____ |
|---|--|

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