

RHODE ISLAND CESSPOOL ACT HARDSHIP EXTENSION APPLICATION

Note: All information provided on this form will be kept confidential and will only be used to determine eligibility for a hardship waiver from the requirements of the Rhode Island Cesspool Act of 2007. Records will be destroyed on January 1, 2019, or when the waiver expires pursuant to the Act, whichever is sooner.

Please complete the following application form. You must also submit **all** of the following documents with your application:

1. Inspection Report showing cesspool is not failing
2. Proof of Ownership (Copy of Deed)
3. Proof of Income (Year-to-date Pay Stubs*)
4. Copy of Most Recent Federal Tax Return
5. Copies of two (2) most recent Bank Statements (For Accounts Listed Below)

*Self-employed applicants must provide copies of the last three years of income tax returns and a year-to-date profit and loss statement.

Completed applications may be mailed or dropped off in person:

R.I. Department of Environmental Management
Attn: Cesspool Phaseout Extension
235 Promenade St., Providence, RI 02908-5767

Name of Property Owner: _____

Co-owner: _____

Property Address: _____

Mailing Address (If different): _____

Phone: Home: _____ Work: _____

Total Number of People in Property Owner's Household: _____

Income: Please list below all annual income from any family member over age 18 and the sources of such income (include alimony, child support, interest, etc.)

1. \$ _____	Name: _____
Source: _____	Address: _____
2. \$ _____	Name: _____
Source: _____	Address: _____
3. \$ _____	Name: _____
Source: _____	Address: _____
4. \$ _____	Name: _____
Source: _____	Address: _____

Bank Accounts:

Name of Bank: _____

Address: _____

Savings Account #: _____	Current Balance: _____
Checking Account #: _____	Current Balance: _____
Other Accounts #: _____	Current Balance: _____

Certification:

The applicant certifies that all information in this application is true to the best of his/her knowledge and belief. Verification of income and balances may be obtained from any source named herein. Civil and/or criminal sanctions may be sought for any fraudulent submissions received by the Department.

The applicant(s) certify that they are the legal owners of the property listed herein.

_____ Signature	_____ Date
_____ Signature	_____ Date

PENALTY FOR FRAUDULENT STATEMENTS

Whoever, in any matter within the jurisdiction of the State of Rhode Island, knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be prosecuted to the fullest extent allowable under the laws of the State of Rhode Island and the United States of America..

(Office Use Only: Do Not Write Below This Line)

Total Income: \$ _____ Income Limit: _____

Approved: Yes: _____

No: _____ Reason for Denial:

Signature: _____

Date: _____