



Office use only:
Date received _____
Emailed or Mailed: _____
Supporting documents attached?
Yes/No

Allied Community Enterprises
PO Box 394 North Salem, NY 10560
Office: 914-295-0107
Septic Program: 914-999-2295
Email: info@alliedcommunity.org

SEPTIC PROGRAM APPLICATION

Applicants are qualified on a first-come first-served basis. An acceptable application must have these items included:

- One month's most recent pay stubs for all working household members.
- Social Security, pension, child support, alimony, or other benefit award letters. These must be CURRENTLY DATED (not annual letter) and show amount of monthly benefits. Divorce decree, if applicable.
- Federal tax returns for the past two (2) years – with all schedules and W-2's for all household members required to file. Please sign if not previously signed.
- Completed and signed IRS Form 4506-T.
- Three months' most recent bank statements for all accounts, including checking, savings, money markets, mutual funds, retirement accounts, certificates of deposit, stocks and bonds, etc.
- Copy of deed or stock certificate (if coop). Deed must be in your name. If spouse's name is on deed but is deceased, please provide death certificate.
- Copy of survey, if available.
- Declaration page of homeowner's insurance.
- Proof of identification (Driver's License, Birth Certificate, or Passport).

Name: _____ Social Security No.: _____
(Please print.)

ALL INFORMATION IS HELD IN THE STRICTEST CONFIDENCE. THERE WILL BE NO DISCRIMINATION AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, FAMILY STATUS, OR DISABILITIES.

I/WE HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION (INCLUDING ANY ATTACHED PAPERS) ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE ALSO UNDERSTAND THAT FALSIFIED INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME/US FROM FURTHER CONSIDERATION. I/WE HAVE NO OBJECTIONS TO VERIFICATION OF THE FACTS ABOVE.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

PLEASE RETURN THIS APPLICATION TO ACE SEPTIC PROGRAM PO Box 394 North Salem, NY 10560 If you have tenants, please request the tenant information form.
