

What is Covered?

We offer assistance for repairs or replacement of your damaged, non-working, or failed septic system. Our goal is to ensure the health and functionality of your property.



How do I find out more?

Call 503-410-5833 for an easy over-the-phone screening or fill out and mail in the enclosed form. We are here to answer all your questions and guide you through the process.



Do You Have
SEPTIC ISSUES?
We Can Help!



Do I Qualify?

We strive to make this program accessible to those who need it most. To be eligible for the program, your household income must be 120% or less of the Area Median Income.

This program is managed by Community Action Team, sponsored by Tillamook County, and funded through a DEQ Grant for Septic Repair & Replacement Financing. This is an equal opportunity program and discrimination is strictly prohibited.

The Northwest Oregon Septic Repair & Replacement Program

What are the Benefits?

We understand the financial challenges that may arise from septic system repairs or replacements. Our program offers 0% Interest 30-Year Deferred Payment Loans or Grants to qualified applicants.



**Community
Action Team**

125 North 17th Street
St. Helens, OR 97051

503-410-5833

SepticProgram@cat-team.org



Serving eligible homeowners
and small businesses
in Columbia, Clatsop,
and Tillamook
Counties.



COMMUNITY ACTION TEAM (CAT)

PRESCREEN FORM FOR HOUSING REHAB & WEATHERIZATION PROGRAMS

CAT's repair programs provide funds to make necessary critical and health and safety repairs or provide accessibility modifications for your home. Funding may be 0% Deferred Payment Loans, or grants, depending on qualifying funding availability. After completion of this Prescreen Form, you will be placed on a waiting list. A full screening package will be sent to you at the time funding becomes available, and we will complete the qualification process to determine eligibility for the program at that time.

Last Name:	First Name:	Phone Number:	Work Number:	Today's Date
Property Address:	City:	Cell Number:	Contact Number:	/ /
Mailing Address: (leave blank if same as property address)	City:	State:	State:	County:
eMail address:	City:	State:	Zip:	Zip:
Do you have health insurance? Insurance Company:	<input type="checkbox"/> Yes <input type="checkbox"/> No OHP? <input type="checkbox"/> Yes <input type="checkbox"/> No #	<input type="checkbox"/> Housing Rehab <input type="checkbox"/> Weatherization	<input type="checkbox"/> Healthy Homes <input type="checkbox"/> Mfg Home Repair	<input type="checkbox"/> SHOORP <input type="checkbox"/> Lend-a-Hand <input type="checkbox"/> Septic
Have you received Energy Assistance in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you able to assist with repairs to your home by yourself or with volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Information About Your Home

Do you Own Your Home? Yes No Mortgage Land Sales Contract DMV Title Other Paid In Full

Type of Home?	<input type="checkbox"/> wood framed single family home <input type="checkbox"/> manufactured home in park <input type="checkbox"/> on lot	<input type="checkbox"/> Single Wide <input type="checkbox"/> Double Wide	Year Built:	Apartment or Duplex: <input type="checkbox"/> 2 - 4 units <input type="checkbox"/> 5+ unit building
How long have you lived in your home?	Do you have: Homeowners Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Flood Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are your property taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, how many years owed? <input type="checkbox"/> No

Is anyone other than you or your spouse or partner on title to your property? Yes No Do you have any judgments or liens (other than mortgage)? Yes No If Yes, IRS Lien? Other information about home you want to share? (Use back of form)

Type of Heat (all that apply)?	<input type="checkbox"/> electric <input type="checkbox"/> natural gas <input type="checkbox"/> propane <input type="checkbox"/> wood <input type="checkbox"/> oil <input type="checkbox"/> pellet <input type="checkbox"/> no heat <input type="checkbox"/> other (list)	Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> Senior (≥ 60) <input type="checkbox"/> Under 18 <input type="checkbox"/> Farmworker <input type="checkbox"/>	Source of Income and/or Benefits	***Stated Annual Income per Individual
List all household members who live in your home. (If more than 4 family members, please use back of form to provide the information)				
1.				
2.				
3.				
4.				
Total Number in Household			AMI %	Total Annual Household Income \$

What Types of Critical and Healthy and Safety Repairs or Accessibility Modifications Does Your Home Need? (check all that apply)

<input type="checkbox"/> Roof Replacement	Leaking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Heat Source Replacement	Failed or Tagged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Electrical Upgrade	Safety Issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Septic System Replacement	Failed or DEQ citation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Plumbing Upgrade	Safety Issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Well Replacement	Dry or water not potable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Foundation Repair	Safety Issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Accessibility Modifications- Please list:		
<input type="checkbox"/> Siding Replacement	Safety Issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other repairs- Please list (use back of page also):		

If Yes, is checked on any repair above, please describe (use back of page also):

May we refer you to other programs here at CAT? Yes No PLEASE CONTACT US IF YOUR CIRCUMSTANCES CHANGE

Referred by or how did you find out about this program: _____ Phone _____

Information taken by: Staff Member _____ Phone _____

Complete as much as you are able and send to SepticRepair@cat-team.org or fax to 503-397-3290