

## **Eligibility Requirements for Water and Sewer Facilities**

### **1. Eligible Persons**

- Any member of a federally recognized tribe, band, group, or community of American Indians/Alaska Native persons who are within the scope of the program.

### **2. Eligible Homes**

- Homes are defined as 24-hour year-round family dwellings.
- Houses rented or leased to American Indians/Alaska Native that are tribally owned are eligible, provided that the primary purpose is not to produce a profit.
- American Indians/Alaska Native owned homes leased to American Indians/Alaska Natives are eligible provided the time remaining on the lease is at least 5 years and the lease price is not increased because of the newly installed facilities.
- Mobile homes can be served if they are permanently located, owned by or rented to American Indians/Alaska Native people.

### **3. Eligible housing types**

- **Eligible New Homes** are new homes for American Indians/Alaska Native constructed with Bureau of Indian Affairs Housing Improvement Program funds, homeowner funds, or non-HUD housing program tribal funds. New homes are defined as newly constructed or newly manufactured.
- **Like-New Homes** are existing homes that are certified by a qualified inspector or engineer to meet basic regional standards that determine the home to be as functional and long-lasting (i.e., more than 20 years) as a new home.  
The structure and all the mechanical systems must be fully functional.  
Prior to service, the existing home must be permanent, must include a plumbed kitchen, at least one bathroom with toilet (flush toilet is required except in arctic Alaska), adequate insulation, permanently installed heating, electricity if available in the community, an adequate roof, and must also meet other locally set criteria.
- **Homes of Patients with Medical Conditions:** These are existing homes of American Indians/Alaska Native patients with medical conditions requiring immediate sanitation facility improvements. A physician must certify in writing that the patient has a medical condition that requires adequate sanitation facilities at the patient's home.
- **Existing homes** that are newly purchased and occupied by eligible persons, are titled solely in the occupant's name, and have sanitation needs can be served under a housing project, provided the home is renovated per renovation criteria (i.e., made like-new).
- **HUD 184:** assistance may be provided to eligible homeowners that assume personal homeowner mortgages guaranteed by HUD under Section 184 of the Housing and Community Development Act of 1992 or others provided the home is titled solely in the occupant's name.

### **4. Homes Not Eligible**

- American Indians/Alaska Native homes leased to non-Indians are not eligible.
- Non-American Indians/Alaska Native owned homes are ineligible even if rented to an Indian/Native family.
- HUD funded Indian housing projects, grants to Tribally Designated Housing Entities
- HUD homes managed by Tribally Designated Housing Entities where the homeowner doesn't hold title.
- Second homes or vacation homes

**Please return all pages of the completed application to ANTHC**  
(ANTHC will provide the State of Alaska forms to the State)

**Scattered Sites  
Application for Individual Home Sanitation Facilities**

Applicants' Name	Date
Physical Address: _____	Mailing Address: _____
Legal Description: <small>(Subdivision, Block, Lot)</small> _____	
Home Phone: _____	Cell Phone: _____
Email: _____	Alternate: _____

**Household Information**

List all 24-hour, year-round residents (start with yourself)	Alaska Native/ American Indian	Relationship to Applicant	Can you provide a copy of CIB or Tribal Card as verification?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Eligibility Requirements:**

- Yes  No Is the home you're applying for currently your primary 24-hour year round residence?
  - Yes  No Do you hold legal control of the land and home through ownership, allotment, assignment, or leases?
  - Yes  No Can you provide proof of legal ownership? (lease must be for a min of 5 years)
  - Yes  No Does your house have electricity? (not from a generator)
  - Yes  No Can you provide proof of electric utility?
  - Yes  No Is this a HUD/NAHASDA home that is paid in full please provide copy of payoff documents
- Financing:     HUD                     NAHASDA             BIA-HIP             Tribal             HUD-paid off
- Personal             Other

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**Request for Services:**

Well:       Septic:       Drain Field:       Water Service Line:       Sewer Service Line:

Present condition of the water and sewer systems (if failing system, describe problem):

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**House Information: *Please fill out this section to the best of your ability. Leave blank if you don't know the answer.***

Type:       House       Mobile home       Tiny Home       Duplex       Other

Home Condition:  New       Like New/Remodeled

Description of home:

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Permanent  
Foundation:

YES       NO

Flooring Description:

If crawl space/basement give  
height, if other give description.

Crawl Space      Height: \_\_\_\_\_       Slab-on-grade       Permafrost       Block Wall  
 Basement      Height: \_\_\_\_\_       Other      \_\_\_\_\_

Does basement have  
appliances in use?

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Construction Frame:

Home Area: (SF) \_\_\_\_\_

No. of Residents:

No. Floors: \_\_\_\_\_

No. Bedrooms:

No.  
Bathrooms: \_\_\_\_\_

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Well:

Indicate year of installation

YES       NO

Year: \_\_\_\_\_

Depth: \_\_\_\_\_

Septic System:

Indicate year of installation

YES       NO

Year \_\_\_\_\_

Capacity: \_\_\_\_\_

Drain Field:

Indicate year of installation

\_\_\_\_\_ Year: \_\_\_\_\_

Lot Size:

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Slope:

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Vegetation:

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**Scattered Sites**

**Application for Individual Home Sanitation Facilities**

<input type="checkbox"/>	Fuel Tank	Tank Sz: _____	Location: _____
<input type="checkbox"/>	Heating System	Primary: _____	Secondary: _____
<input type="checkbox"/>	Thermostat	Description: _____	
<input type="checkbox"/>	Kitchen Sink	Description: _____	
<input type="checkbox"/>	Toilet	Number: _____	
<input type="checkbox"/>	Water Tank	Description: _____	Capacity: _____ Year: _____
<input type="checkbox"/>	Water Heater	Make: _____	Model: _____ Serial #: _____
		Location: _____	
<input type="checkbox"/>	Water Softener	Make: _____	Model: _____ Serial #: _____
		Location: _____	
<input type="checkbox"/>	Bathroom 1	Fixtures: _____	
<input type="checkbox"/>	Bathroom 2	Fixtures: _____	
<input type="checkbox"/>	Bathroom 3	Fixtures: _____	
<input type="checkbox"/>	Water Doghouse	Notes: _____	
<input type="checkbox"/>	Waste Doghouse	Notes: _____	
<input type="checkbox"/>	Pressure Tank	Make: _____	Model: _____ Serial #: _____
<input type="checkbox"/>	Well Pump	Make: _____	Model: _____ Serial #: _____
<input type="checkbox"/>	Sewer Service Line	Depth: _____	<input type="checkbox"/> Cleanout Depth: _____

**Neighboring Property:**

Do your neighbors have wells?  YES  NO

Do your neighbors have septic systems?  YES  NO

Do you know how their well and/or septic system are performing?  YES  NO

Notes: \_\_\_\_\_

Do you know whether or not water treatment is required on their well(s)?  YES  NO

Notes: \_\_\_\_\_

**Scattered Sites  
Application for Individual Home Sanitation Facilities**

1. I certify the information provided in this application is true and accurate to the best of my knowledge.
2. I have reviewed the attached **Requirements for Water and Sewer Facilities from ANTHC** and understand that the requested facilities will be provided only if this application meets funding eligibility and qualification requirements and funding is available to ANTHC.
3. I understand that it is solely my responsibility to prepare my property for service. This includes relocating items in the yard and in the home as necessary to complete the installation.
4. I understand ANTHC or its contractors will not move personal items and assumes no responsibility for any personal items requiring relocation.
5. I understand ANTHC has the right to stop service if ANTHC finds that information in this application is incorrect, or finds the worksite is unsafe for ANTHC employees or its contractors.
6. The homeowner agrees to allow access to their property to ANTHC, the Village and/or City, for the purpose of planning, installing, and inspecting proposed facilities.

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Applicant’s Signature

Date

Alternative Contact (Person authorized to discuss your service with ANTHC if you are unavailable, leave blank if you do not wish to authorize anyone)

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Alternate Contact (Optional)

Alternate contact phone number (Optional)

Sponsoring Tribe / Village: \_\_\_\_\_

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\*Signature - Tribal Representative

Date

\*If you currently live outside of the area of your tribal affiliation and cannot obtain a tribal representative signature, please write “Outside Area” on the line above.



**Scattered Sites  
Application for Individual Home Sanitation Facilities**

**General Notes/Additional Information:**

Notes on existing water/sewer system: (Is heat trace currently used, issues, current records, leach field dimensions...)

Notes/Other: (Historical information, soil contamination...)

Additional Notes:



Dear Homeowner:

Federal funding that you are requesting in order to provide water and sewer service to your home requires an Environmental Review with regards to the National Environmental Policy Act, the Endangered Species Act, the Clean Water Act, and other Federal and State concerns. Our organization must follow these requirements. The ANTHC /DEHE is committed to protecting your land and culture.

- The State Historic and Preservation Office requires photographs of your home. Make sure you include them in your application.

Please answer the following questions:

Yes  No Do you know of any plant or animal species on your property that is on the endangered or threatened species list?

Description:

Yes  No Is your home or any building on your property, over 50 years old?

Years:

Yes  No Do you know if any human burial sites have been discovered on or near your property?

Description:

Yes  No Has there ever been artifacts of cultural significance discovered on or near your property?

Description:

Yes  No Have bones or skeletal remains of extinct animals been found on or near your property?

Description:

Yes  No Does your property contain any lakes, streams, rivers, ponds, or springs?

Description:

Yes  No Is your home in a flood plain zone?

Description:

Homeowner Print Name

Homeowner Signature

Date



**State of Alaska**  
 Department of Environmental Conservation  
**WASTEWATER SYSTEM OWNER'S  
 STATEMENT**



Please type or print in ink:

1. **Project Name:** \_\_\_\_\_

2. Legal Description, Physical Address, and Nearest Community Name:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ADEC Date Received Stamp:

  
  
  
  
  
  
  
  
  
  

ADEC Plan Review No. \_\_\_\_\_

3. I submit the enclosed items concerning the above referenced proposed project for review. By my signature, I certify that I have authority to sign this application as required under 18 AAC 15.030, and that the project is (check one):

- privately owned and that I am the owner.
- owned by a sole proprietorship and that I am the proprietor.
- owned by a partnership of which I am a general partner.
- owned by a corporation of which I am a principal executive officer of at least the level of vice-president, or a duly authorized representative responsible for the overall management of this project.
- owned by a municipal, state, federal, or other public agency of which I am a principal executive officer, ranking elected official, or other duly authorized employee.

\_\_\_\_\_  
 Signature (please sign in ink) Date

\_\_\_\_\_  
 Name and Official Title

\_\_\_\_\_  
 Company or Agency (if applicable)

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 Email Address Phone Number

18. AAC 15.030. SIGNING OF APPLICATIONS: All permit or approval applications must be signed as follows:

- (1) in the case of corporations, by the principal executive officer of a t least the level of vice-president or his duly authorized representative, if the representative is responsible for the overall management of the project or operation;
- (2) in the case of a partnership, by a general partner;
- (3) in the case of a sole proprietorship, by the proprietor; and
- (4) in the case of municipal, state, federal, or other public facility, by either a principal executive officer, ranking elected official, or other duly authorized employee. (Eff. 11/25/77, Register 64) Authority: AS 46.03.020(10), AS 46.03.090, AS 46.03.100, AS 46.03.110, AS 46.03.160. AS 46.03.330, AS 46.03.720