

A yellow excavator is shown in a wooded area, lifting a large, white, rectangular septic tank. The tank is suspended by a chain and is being moved from a pile of dirt. The excavator's arm is extended, and the operator is visible in the cab. The background consists of dense green trees.

REBUILD PARADISE FOUNDATION

SEPTIC INFRASTRUCTURE GRANT

Assisting residents building after the Camp Fire.

**PROVIDING GRANTS THAT HELP INDIVIDUALS
WITH PRE-CONSTRUCTION COSTS, INCLUDING:
SEPTIC SYSTEM INSPECTION, REPAIR OR
REPLACEMENT**

The Septic Infrastructure Grant, established by the Rebuild Paradise Foundation, with funding from NVCF/Butte Strong Fund and American Red Cross, offers up to \$7,500 for qualified low income households and up to \$3,500 for middle income households. Upon eligibility, grant funding is awarded as payment to the applicant(s) for septic-related expenses.



a 501(c)(3) Nonprofit Organization, EIN 834200562

GRANT GUIDELINES

GRANT PERIOD: OCTOBER 1, 2020 - WHILE FUNDING IS AVAILABLE



QUALIFYING CRITERIA

- One grant application per residence.
- Rebuild is for a single family primary OR rental residence.
- One single family rental property may qualify (in addition to a primary residence, if applicable).
- Must be rebuilding in Camp Fire footprint.
- Receipt of paid building permit fees dated on or after August 1, 2020 **OR** proof of issued building permit and signed statement that construction had NOT begun on your rebuild prior to August 1, 2020 (see Construction Statement page).
- Income must not exceed income criteria below.
- Income may be Adjusted Gross Annual Income.
- Households/couples not filing jointly may not apply for separate grants.



LOW INCOME PATHWAY:

Eligible for up to \$3,500 or 50% of septic-related expenses (whichever is greater) with a max of \$7,500

MIDDLE INCOME PATHWAY:

Eligible for up to \$3,500 for septic-related expenses



Maximum Low Income Criteria

(Adjusted Gross Income)

# of persons in household					
1	2	3	4	5	6+
\$39,600	\$45,250	\$50,900	\$56,550	\$61,100	\$65,600

Maximum Middle Income Criteria

(Adjusted Gross Income)

# of persons in household					
1	2	3	4	5	6+
\$39,601- \$50,750	\$45,251- \$58,000	\$50,901- \$65,250	\$56,551- \$72,500	\$61,101- \$78,265	\$65,601- \$84,095

REQUIRED ITEMS WITH APPLICATION

1. Copy of state issued ID for applicant(s).
2. Proof of residence within the Camp Fire footprint on 11/8/2018.
3. Copy of most recent tax return including cover sheet of IRS 1040.
4. Copy of paid receipt for septic system expenses.
5. Copy of paid building permit fees dated on or after August 1, 2020 (address must be in the Camp Fire footprint).
6. *If applicable, proof of issued building permit **AND** signed construction statement (see last page).



For more information please email:

info@rebuildparadise.org



REBUILD PARADISE FOUNDATION - SEPTIC INFRASTRUCTURE GRANT APPLICATION

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APPLICANT NAME APPLICANT PHONE# APPLICANT EMAIL

CO-APPLICANT NAME CO-APPLICANT PHONE# CO-APPLICANT EMAIL

MAILING ADDRESS - STREET, CITY, STATE, ZIP

ADDRESS FOR BUILD/REBUILD - STREET, CITY, STATE, ZIP

APN# FOR BUILD/REBUILD

OF PERSONS IN HOUSEHOLD

ADJUSTED GROSS ANNUAL INCOME

TOTAL AMOUNT SPENT ON SEPTIC?

DATE OF BUILDING PERMIT RECEIPT (SUBMITTAL OR ISSUANCE). *IF DATED BEFORE 8/1/2020, INCLUDE SIGNED CONSTRUCTION STATEMENT.

HAS CONSTRUCTION BEGUN? (YES/NO)

Low Income Pathway

Middle Income Pathway

Maximum Low Income Criteria <small>(Adjusted Gross Income)</small>						
# of persons in household						
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\$39,600	\$45,250	\$50,900	\$56,550	\$61,100	\$65,600	

Maximum Middle Income Criteria <small>(Adjusted Gross Income)</small>						
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- 2. Proof of residence within the Camp Fire footprint on 11/8/2018.
- 3. Copy of most recent tax return including cover sheet of IRS 1040.
- 4. Copy of paid receipt for septic system expenses.
- 5. Copy of building permit or permit application paid receipt dated on or after August 1, 2020.
- 6. If applicable, signed construction statement (see next page).

____ (Initials) I certify that I have NOT recieved insurance proceeds specifacally for septic-related expenses.

____ (Initials) I certify that I have NOT received septic-specific funding from Disaster Case Management, USDA loans, VA loans, or FEMA. If you have received funding from one or more of these sources, please indicate from which source and amount of funding received here: _____

____ (Initials) If applicable, I understand that Rebuild Paradise Foundation staff may obtain photo verification that construction has not begun on my property or ask for a copy of my inspection card to verify construction start date.

APPLICANT SIGNATURE/DATE CO-APPLICANT SIGNATURE/DATE

Applicant(s) certifies that the information on this application and additional documentation supplied is true and accurate. Duplication of benefits is prohibited and any information misrepresented or found not to be factual will result in disqualification of the grant and/or legal action for repayment of grant money given to applicant(s).

Please email completed application and required items to: info@rebuildparadise.org OR mail to Rebuild Paradise Foundation 6067 Skyway Rd Suite B in Paradise, CA 95969. To drop off an application in person, please contact info@rebuildparadise.org for an appointment.



American Red Cross



REBUILD PARADISE FOUNDATION - SEPTIC INFRASTRUCTURE GRANT APPLICATION

Date Rec./ Initials

CONSTRUCTION STATEMENT

_____ (Initials) I/we hereby attest that construction was not started prior to August 1, 2020 at the address of which I/we have provided on our Septic Infrastructure Grant application to the Rebuild Paradise Foundation.

_____ (Initials) I/we understand that if construction begun between the dates of August 1, 2020 and the date of which my application was received by the Rebuild Paradise Foundation, that a copy of my inspection card will be requested to verify construction start date OR, if I don't yet have an inspection card, Rebuild Paradise Foundation staff may obtain photo verification that construction has not started on my property.

APPLICANT SIGNATURE/DATE

CO-APPLICANT SIGNATURE/DATE

Applicant(s) certifies that the information on this application and additional documentation supplied is true and accurate. Duplication of benefits is prohibited and any information misrepresented or found not to be factual will result in disqualification of the grant and/or legal action for repayment of grant money given to applicant(s).



American Red Cross

