

SUSSEX COUNTY

SEWER AND WATER ASSISTANCE PROGRAMS ELIGIBILITY CRITERIA

Sussex County offers financial assistance for Sanitary Sewer/Water bills (up to \$200.00 per year), System Connection Charges and assistance for failing septic systems (up to \$2,500.00) for qualified homeowners.

Eligibility is based in part on the Federal Department of Housing and Urban Development (HUD) CDBG low-income levels. Visit the link below for more information.

huduser.gov/portal/datasets/il/il2024/select_Geography.odn

In addition, applicants must meet the following criteria:

1. Applicant must be the homeowner and full-time resident of the home.
2. Property located in unincorporated Sussex County or County sewer district.
3. Liquid assets (cash, stocks, bonds, savings, etc.) and Real Estate must be less than \$15,000.
4. Must be current on tax and sewer bills (Sussex County Clean-Hands Ordinance).
5. Funding is available on a first-come, first-served basis, if approved.
6. Sussex County Billing Division will accept applications to determine eligibility.

To obtain an application or additional information, please contact the Billing Division at (302) 855-7871.

FINANCE DEPARTMENT

BILLING
COLLECTIONS
TREASURY
UTILITY PERMITS

(302) 855-7871
(302) 855-7831
(302) 855-7871
(302) 855-7719



Sussex County

DELAWARE
sussexcountyde.gov

KATRINA M. MEARS
MANAGER OF BUSINESS SERVICES

APPLICATION OF SANITARY SEWER GRANT ASSISTANCE

DISTRICT _____ MAP _____ PARCEL _____ UNIT _____

SEWER ACCOUNT # _____

Applicant's Name: _____

Applicant's Address: _____

Birthdate: _____ Phone Number: _____

Applicant's SSN: _____ Co-Owners SSN: _____

Date on which you became a primary resident of Sussex County: _____

Is any portion of this property used for any purpose other than your own residence? ☐ Yes ☐ No

If yes, explain: _____

I own the above property: ☐ Solely ☐ Jointly in Common (see below)

NAME	RELATIONSHIP	ADDRESS	BIRTHDATE

I filed Income Tax Returns: ☐ Federal ☐ State (Attach a copy of your most recent Federal 1040 Form.)

If no longer filing income taxes, last date filed and signature: _____

Person to contact for additional information: _____ Phone #: _____

Under penalties of perjury, I declare that I have examined the information in the above information section and believe it is true, correct, and complete. I am aware that the Sussex County Department of Finance may also use tax databases and other resources to verify residency and compliance with the requirements set forth in this program. I also hereby acknowledge that I must notify the county of any changes in my financial status within 60 days of such change.

Signature of Applicant: _____ Date: _____

Thank you for your interest in the **Sewer Sanitary Grant Program**. The qualifications for the program are on the attached form.

PLEASE READ THE QUALIFICATIONS ON THE APPLICATION FORM CAREFULLY.

If you qualify, remit **ALL** that apply. **INCOMPLETE FORMS WILL NOT BE PROCESSED.**

- ☐ Send copy of Delaware Driver's License or official State ID.
- ☐ Return the application form with a **copy** of your **2024** Federal Tax Form.
 - ☐ Schedule A, C
 - ☐ Schedule D (Profit/Loss)
 - ☐ Schedule E (Rental)
- ☐ If you **do not** file a Federal Tax Form, then attach:
 - ☐ a **COPY** of **2024** Social Security Benefit Statements.
 - ☐ a **COPY** of **2024** Interest Statements.
 - ☐ a **COPY** of **2024** Pension Statements.
 - ☐ and the last year you did file Federal Income Taxes_____.
- ☐ Copies of the last 30 days bank statements for checking and savings.
- ☐ Copies of CD's, Stocks, Bonds, IRA or any other liquid assets

If you have any questions, please call (302) 855-7814 or email nicole.paugh@sussexcountydela.gov