



TOWN OF HAMILTON BOARD OF HEALTH  
SEPTIC MANAGEMENT BETTERMENT PROGRAM  
299 Bay Rd.  
S. Hamilton, MA 01982  
Tel: 978-626-5245

**Betterment Loan Application- 4% Interest Rate**  
To be completed by homeowner(s)

This application is to be submitted to the Hamilton Board of Health, c/o Community Septic Management Loan Program. For purposes of this program, "Owner" is defined as person or persons, who has or have, legal title to residential facilities served by an on-site system, including, but not limited to, any agent, executor, administrator, trustee, or guardian of the estate for the holder of legal title. **Complete all pages of the application. Use full legal names only. PLEASE PRINT LEGIBLY!**

Current Owner 1 \_\_\_\_\_

Current Owner 2 \_\_\_\_\_

Property Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

\_\_\_\_\_

Deed Reference: Book \_\_\_\_\_ Page \_\_\_\_\_ or document number \_\_\_\_\_

Assessor's Information: Map \_\_\_\_\_ Lot \_\_\_\_\_

*The DEED REFERENCE and ASSESSOR'S INFORMATION can be found by contacting the Assessor's Office at (978) 468-5574.*

**Only homeowners that have no outstanding balances on property tax bills or other municipal accounts are eligible for the loan program.**

**There is a \$250 application fee to be paid by the applicant and submitted with the application. The \$250 check is made payable to the *Town of Hamilton*. The application fee and recording fee are not part of the betterment loan.**

**In order to process this application, you must submit copies of the following required documentation along with this application.**

- Septic system failure letter from the Health Agent
- Septic system design approval letter from the Health Agent
- Deed or legal description of the property
- Signed proposal from the Disposal System Installer
- Estimates of other necessary work needed to return the property to original condition (landscaping, paving, masonry, plumbing, electrical, etc.)
- Copies of cancelled checks for completed work that you would like to include in the betterment amount (septic inspection, pumping since the date of failure, soil testing, septic system design, land surveying, etc.)
- Form 1-Tax Collector's Certification
- Form 2- Water Department's Certification
- Check payable to the *Town of Hamilton* in the amount of \$250 for the application fee

**Please provide a breakdown of funds you would like to cover with the betterment loan:**

Soil Evaluation: \_\_\_\_\_

Septic Design: \_\_\_\_\_

Construction of System Costs: \_\_\_\_\_

Contingency Amount (10%) for Construction Costs: \_\_\_\_\_

Other Associated Costs: \_\_\_\_\_

Total Loan Amount Requested: \_\_\_\_\_

Term of Loan Desired (years): \_\_\_\_\_

Certification by owner(s)

I/we agree to sign a betterment loan agreement with the Town of Hamilton for the amount of eligible project costs for the purpose of septic system repair or replacement, pursuant to the Title 5 definition of septic failure, and am/are aware that any such loan would be secured by a betterment assessment, recorded on my property title, on the property identified above, with a repayment term to the Town not to exceed twenty (20) years. I/we understand that the loan carries a 4% per annum interest rate and is

payable annually to the Town of Hamilton. I/we understand that the Town of Hamilton may obtain a first priority lien on the property if the repayments are not made on time. Interest at the rate of 14% per annum will accrue on overdue payments from the due date until payment is made. Furthermore, I/we also understand that the Town of Hamilton reserves its rights under available statutes to recover any and all costs incurred for this project in the event my/our application to this program proves to be fraudulent.

This information provided is true and complete to the best of my/our knowledge and belief. I/we understand that any willful misstatement of material fact will be grounds for disqualification.

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Applicant signature

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(Print Name)

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Date

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Co-Applicant signature

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(Print Name)

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Date

**CHECKLIST FOR SEPTIC BETTERMENT APPLICATION**  
BEFORE YOU SUBMIT YOUR APPLICATION PLEASE MAKE SURE YOU HAVE INCLUDED  
ALL REQUIRED PAPERWORK

**HAVE YOU INCLUDED?**

- ☐ Septic system design approval letter from the Health Agent
- ☐ Deed or legal description of the property
- ☐ Signed proposal from the Disposal System Installer
- ☐ Estimates of other necessary work needed to return the property to original condition (landscaping, paving, masonry, plumbing, electrical, etc.)
- ☐ Copies of cancelled checks for completed work that you would like to include in the betterment amount (septic inspection, pumping since the date of failure, soil testing, septic system design, land surveying, etc.)
- ☐ Form 1-Tax Collector's Certification
- ☐ Form 2- Water Department's Certification
- ☐ Completed and signed Betterment Loan Application
- ☐ Check payable to the *Town of Hamilton* in the amount of **\$250** for the application fee

**FORM 1- TAX COLLECTOR'S CERTIFICATION**

*Treasurer/Collector's Office is located at the Patton Homestead, 650 Asbury St.*

ADDRESS OF PROPERTY: \_\_\_\_\_

OWNER(S) OF RECORD: \_\_\_\_\_

\_\_\_\_\_

I hereby certify that the Tax Collector's records do not show any outstanding balances for this property or the owner(s) listed above.

TAX COLLECTOR EMPLOYEE NAME: \_\_\_\_\_

TAX COLLECTOR EMPLOYEE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMENTS:

**FORM 2- WATER DEPARTMENT CERTIFICATION**

*Water Department is located on the second floor of Town Hall, 577 Bay Rd.*

ADDRESS OF PROPERTY: \_\_\_\_\_

OWNER(S) OF RECORD: \_\_\_\_\_

\_\_\_\_\_

I hereby certify that the WATER DEPARTMENT'S records do not show any outstanding balances for this property or the owner(s) listed above.

WATER DEPARTMENT EMPLOYEE NAME:

\_\_\_\_\_

WATER DEPARTMENT EMPLOYEE'S SIGNATURE:

\_\_\_\_\_

DATE: \_\_\_\_\_

COMMENTS: