



## APPLICATION FOR INCOME TAX CREDIT FOR A QUALIFYING CESSPOOL

Name of Taxpayer(s) (Last, First, Middle Initial):

\_\_\_\_\_

Note: Taxpayer(s) name(s) must match the name of the legal owner(s) of the property.

Social Security Number (SSN) or Federal Employer Identification Number (FEIN): \_\_\_\_\_

Tax Map Key Number: \_\_\_\_\_ Island \_\_\_\_\_

Property Address: (Number and street, including apartment number or rural route, city, state and postal/zip code):

\_\_\_\_\_

Mailing Address if different from above:

\_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_

Does your cesspool require certification by a licensed engineer or licensed contractor?

Yes No (please circle one)

If yes, please have your engineer or contractor complete the attached form, Qualifying Cesspool Certification Form.

If no, the Department of Health will certify the Qualifying Cesspool.

Please visit <http://health.hawaii.gov/wastewater/home/taxcredit/> for a list of Qualified Cesspools. The list will indicate whether or not a certification will be required.

If your cesspool is not listed, but you believe that your cesspool meets the definition of a Qualifying Cesspool, please have your engineer or contractor complete the attached form, Qualifying Cesspool Certification Form.

I certify that the information that I have provided in this application is correct to the best of my knowledge.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Attachment: Qualifying Cesspool Certification Form

### FOR DEPARTMENT USE ONLY:

Application No. \_\_\_\_\_ Date Received: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Certification Accepted: Yes No Date Certification Decision Letter Sent: \_\_\_\_\_