

Dear Homeowner:

Thank you for your interest in the Sengekontacket Watershed Nitrogen Mitigation Program funded by Martha's Vineyard Hospital and Navigator Homes of Martha's Vineyard. This Program was created to reduce Nitrogen for up to eight homeowners in the Edgartown portion of the Sengekontacket watershed district. The desire of the program is to help homeowners or tenant occupied households whose incomes is at or below 240 percent of area wide median income install a KleanTu alternative Septic system which will reduce nitrogen from your home into he watershed up to 97%. This program will pay for the design, installation, and five years of the required Operating/Maintenance Agreement which is required with these systems. The Program will provide an engineer and a septic installer through a qualified bid process that has experience with these systems to do the installation. If your home is not already fitted with a water meter, one will be installed for you again at no cost to you the homeowner, as the homeowner you will have the responsibility of signing the Operating and Maintenance Agreement with the company that is designated by Kleantu to provide the operating/testing and maintenance of the system. The first five years of this responsibility will be paid by this program, after that it will be the homeowner's responsibility to pay for the yearly Operating and maintenance fee. The installation of this system at your property will also require you to sign a Town of Edgartown "Notice of AI Treatment System" document that will be recorded at the Dukes County Registry of Deeds. It is your responsibility should the property ever be sold to disclose this information to any new buyer and to give them the name and contact information of the company that is supplying the Operating and Maintenance Agreement.

Attached please find the following.

1. Application
2. Notice of AI system that will be placed on your property if your application is accepted

The funding for this program is not unlimited. We expect the funds to go quickly so please return your application as soon as possible as it is first come first served. Please do not hesitate to call us with any questions. We will be happy to spend some time with you. We can be reached at 508-696-3285 or at melissa@theresource.org.

Very truly yours,



Melissa Norton Vincent
Director of Housing Rehab Programs

P.O. Box 4548
Vineyard Haven, MA
02658
508-696-3285



NITROGEN MITIGATION PROGRAM

Funded by IGI

Full Name		Present Address	
Phone Number		Mailing Address	
Email Address		Number of Dependents:	Ages:
Single ___	Employment Information		
Married ___	Name of Employer:		
Divorced ___	Address of Employer:		
Widowed ___	Position/Title:		
	Self Employed: Yes ___ No ___	Unemployed: Yes ___ No ___	
Co-Applicant Information			
<i>Name is also on the Deed if you are a spouse</i>			
Full Name		Present Address	
Phone Number		Mailing Address	
Email Address		Number of Dependents:	Ages:
Single ___	Employment Information		
Married ___	Name of Employer:		
Divorced ___	Address of Employer:		
Widowed ___	Position/Title:		
	Self Employed: Yes ___ No ___	Unemployed: Yes ___ No ___	

Please include the following documents when submitting your application

2023 Tax Return

Copy of the Deed

1st and 2nd pages of Homeowner Insurance Policy

Proof of Paid Real Estate Taxes for the Year FY 2024 and 1st half of 2025

If home is rented: a copy of the lease with tenant information

ANNUAL INCOME – Please fill in ALL applicable income

Source	Applicant	Co-Applicant	Other 18+ Members	Total
Salary				\$
Commission				\$
Self Employed				\$
Net Rental Income				\$
Social Security Benefits				\$
Pension				\$
Unemployment				\$
Alimony/Child Support				\$
Other(describe)				\$
TOTALS	\$	\$	\$	\$
HOME	Estimated Value	Mortgage balance	Real Estate Taxes	Homeowner Insurance

Household Composition- Please list names of all who live in the home and the relationship to each other.

Member	Full name	Relationship	Date of Birth
1.			
2.			
3.			
4.			
5.			
6.			

PROPERTY INFORMATION

Street: _____

Town: _____

Year Built: _____

Is your home connected to the towns:

Water System? Yes ___ No ___

Sewer System? Yes ___ No ___

Is your property listed as a Historical Property?

Yes ___ No ___

If Home is rented:

Seasonal? Yes ___ No ___

Year Round? Yes ___ No ___

What is the rent monthly? \$ _____ Annually? \$ _____

Does rent include utilities? Yes ___ No ___

**NOTICE OF EXISTENCE OF AN ALTERNATIVE
SUBSURFACE SEWAGE DISPOSAL SYSTEM**

The undersigned owner of the property located at _____, **Edgartown**, and described in a deed recorded with the Dukes County Registry of Deeds in **Book** _____, **Page** _____, hereby gives notice that there exists on the property, and the property is being served by a so-called **Kleantu “NitROE” Tank** within and as part of the subsurface sewage disposal system (septic system) installed at the property, which system is an innovative technology intended to remove and reduce nitrogen from wastewater processed by residential septic systems operating under the Title 5 regulations of the Massachusetts Department of Environmental Protection (DEP) at 310 CMR 15.000. The said **“NitROE”** system requires routine maintenance, inspections, and operational monitoring by a licensed/certified technician/company for such systems for as long as the system is in use.

WITNESS my/our hand(s) and seal(s) this _____ day of _____, 2022.

Property Owner Signature

Printed Name

SAMPLE
COMMONWEALTH OF MASSACHUSETTS

Dukes, ss

On this _____ day of _____, 2024, before me, the undersigned notary public, personally appeared the above named _____ proved to me through satisfactory evidence of identification, being (check whichever applies):

- Driver’s license or other state or federal government document bearing a photographic image.
- Oath or affirmation or a credible witness known to me who knows the above signatory;
or
- My own personal knowledge of the identity of the signatory, to be the person whose name is signed on the preceding or attached document and acknowledged to me that (he) (she) signed it voluntarily for its stated purposes.

Notary Public

My commission expires: _____

Income Eligibility Chart
(Below 240% of Area Median Income)

Dukes County - MA

FY24

Dukes	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person
240% AMI	\$231,120	\$264,000	\$297,120	\$330,000	\$356,400	\$382,800	\$409,200