



## POST OAK SAVANNAH GROUNDWATER CONSERVATION DISTRICT

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### RAINWATER HARVESTING REBATE PROGRAM APPLICATION

#### APPLICANT'S INFORMATION

Full Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

#### RAINWATER SYSTEM INFORMATION

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

#### REBATE PROGRAM ELIGIBILITY

- ☐ The system is installed within Burleson or Milam County.
- ☐ I have attended a RWH course (Completion Certificate must be attached).
- ☐ I have an approved site plan (site plan must be attached).
- ☐ Receipt(s) for the tank(s) purchased are included with this application.

#### REBATE AMOUNT

1. Number of tanks<sup>1</sup>: \_\_\_\_\_
2. Size of each tank (gallons)<sup>2</sup>: \_\_\_\_\_
3. Total storage capacity (gallons)<sup>3</sup>: \_\_\_\_\_
4. Total catchment area (sq. ft.)<sup>4</sup>: \_\_\_\_\_
5. Rebate rate: *\$1.00/per gallon of total storage (\$5,000 maximum per household)*
6. Total rebate amount<sup>5</sup>: \_\_\_\_\_

<sup>1</sup> Please specify the total number of cisterns or tanks you have installed.

<sup>2</sup> Indicate the individual capacity, in gallons, of each tank included in your setup.

<sup>3</sup> Calculate the total storage capacity of all tanks or cisterns combined.

<sup>4</sup> Provide the total square footage of the surface area that collects rainwater for your system.

<sup>5</sup> Calculate the total rebate amount by multiplying the rebate price per gallon by the total storage capacity of your system.



## RAINWATER HARVESTING REBATE PROGRAM AGREEMENT

I (Print Full Name) \_\_\_\_\_, hereby certify and acknowledge the following:

1. I have read and understood the eligibility requirements outlined in the Rainwater Harvesting Rebate Program Guidelines provided by Post Oak Savannah Groundwater Conservation District (POSGCD).
2. I confirm that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false statements or misrepresentations may result in the rejection my application or the recovery of any rebates granted.
3. I understand that the rebate provided by POSGCD is contingent upon meeting all the eligibility criteria and successfully completing the rainwater harvesting installation as described in the application.
4. I agree to allow representatives of Post Oak Savannah Groundwater Conservation District to inspect the rainwater harvesting system, as described in my application, to verify compliance with program requirements.
5. I understand that the rebate is subject to the availability of funds in the Rainwater Harvesting Rebate Program budget and that POSGCD reserves the right to modify or terminate the program at its discretion.
6. I agree to provide any additional documentation or information requested by POSGCD to verify eligibility and compliance with program requirements.

By signing this agreement, I affirm my commitment to comply with the terms and conditions of the Rainwater Harvesting Rebate Program and acknowledge that failure to do so may result in the forfeiture of any rebates granted.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Office use only:

Date of receipt: \_\_\_\_\_ Date inspected: \_\_\_\_\_

Inspector: \_\_\_\_\_ Total number of gallons: \_\_\_\_\_

Final rebate amount: \_\_\_\_\_

☐ Approved ☐ Declined ☐ Pending

Reason for declining application: \_\_\_\_\_

POSGCD representative signature: \_\_\_\_\_



**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code		
<b>7</b> List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									
				-					

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	<b>Signature of U.S. person</b>	<b>Date</b>

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they