



SAFETANK PROGRAM
FINANCIAL ASSISTANCE FOR RESIDENTIAL
ON-PREMISES-USE FUEL OIL FACILITY
TANK UPGRADE APPLICATION
OIL REMEDIATION AND COMPLIANCE BUREAU



RSA 146-D:6, III.

Owners of on-premises-use heating oil facilities, who demonstrate financial need, may apply for reimbursement of the costs to meet the requirements of RSA 146-D:6, III in amounts not to exceed **\$4,000**. Reimbursement may be to the owner, or to the contractor, after inspection of the completed work and a review of itemized invoices to verify the work has been (1) completed in a satisfactory manner, and (2) the costs are appropriate.

To qualify for the program, the owner shall meet the definition of "low-income" as determined by U.S. Department of Housing and Urban Development. "Low-income" is defined as 80% of the area Median income (income criteria is provided on the last page of this application).

Providing documentation of total household income is required and is described in more detail below. Additional qualifying requirements are addressed by answering the following questions.

Be advised, to qualify for reimbursement, applications must be processed, and written approval obtained from New Hampshire Department of Environmental Services (NHDES) prior to any work being performed.

If you have any questions regarding this program or this application, please contact the OPUF Release Prevention Coordinator at [\(603\) 271-3577](tel:6032713577).

****IMPORTANT:** Answer *all four* of the following questions to determine if you should submit this application.**

1. Do you, as the applicant, own or are you an owner of the subject dwelling and tank system?
 If "Yes," go on to the next question. If "No," you do not qualify. Yes ____ No ____

2. Is the subject location your primary residence, **and** is it a single-family home, a duplex, a manufactured home, a farm, **or** a property where you also operate a small business?
 If "Yes," go on to the next question. If "No," you do not qualify. Yes ____ No ____

3. Do you hold title to, or have an interest in, any *income-producing property*, other than your primary residence, including but not limited to, stocks or real property held either individually, or through a business, trust, or other related entity?
 If "No," go on to the next question. If "Yes," you do not qualify. Yes ____ No ____

4. Is the Total Household Annual Income *at or below* the income criteria listed on the chart included in this application for the town, city, or county of residence, based on Household Size? [*Total Household Income* includes the **income for all occupants** of the household other than tenants. *Household Size* is the total number of occupants other than tenants. All **income includes taxed and non-taxed income** typically declared for federal income tax purposes, even if no federal tax returns are filed. However, if the owner generates any income from property other than their Primary residence, (see Question 2.) they cannot qualify.] If "Yes," complete the application. If "No," you do not qualify. Yes ____ No ____

I. Owner Information: (be sure to include location address if different from mailing address)

Name(s): _____

Physical Address: _____

City/Town: _____ State: _____ ZIP: _____ County: _____

Mailing Address: (if different) _____

Name of mobile home park if applicable: _____

Home phone: _____ Cell: _____ Work: _____

Email: _____

II. Site (Property) Information:

Is the property served by (check one): private well _____ public water supply _____

If a private well, is it: a shallow well (dug or point well) _____ a drilled/bedrock well _____

Approximate distance between oil tank and well: _____ feet

If public water, is it: Community water supply _____ municipal (town or city) water supply _____

Does the property abut surface water? Yes _____ No _____ If yes, name or description of the body of water: _____

III. Income:

To qualify for the SAFETANK program, annual Total Household Income (**full amount of both taxable and non-taxable income before deductions**) must be at or below 80% of the area (county) median income as calculated by the U.S. Department of Housing and Urban Development. The income criteria for the 10 New Hampshire counties, is provided on the last page of this application. When submitting this application for approval, **provide written documentation of Total Household Income**. The documentation may include: a copy of the most recent federal tax return(s), Social Security benefit statement(s), W-2 forms from the previous tax year, annual pension or retirement statement(s), annual statement(s), or indication of direct deposit(s) of other benefits or income(s). As an alternative, include a copy of the two most recent pay stubs for those household members that are employed.

***Note: Income documentation including but not limited to federal tax return(s), Social Security benefit statement(s) and W-2 forms cannot be accepted via email. ***

Total Annual Household Income: \$ _____ (*required - do not leave blank*)

Household Size: (including yourself, the total number of occupants other than tenants living in the subject household) _____ (required)

IV. Affirmation: I declare under penalty of perjury that the representation made in this application is, to the best of my knowledge, true, complete, and correct. I agree to reimburse the fund for any payments made to me based on incorrect or inaccurate information.

Owner's signature _____ Date signed _____

****Pages 3-4 to be completed by your contractor or oil company technician****

THIRD PARTY VERIFICATION

To be completed by **contractor or oil company technician**

Verification as to the condition of the existing fuel oil facility before this application is approved is required. Your oil company or an independent plumbing and heating contractor can provide this verification. That person shall complete the checklist along with any relevant comments associated with the condition of the tank.

Fuel Oil Facility Condition Checklist	Yes	No
Is there evidence that the tank or any portion of the facility is presently leaking?		
Are the tank legs unstable, tilting or on an uneven foundation?		
Is the tank resting on or in contact with the ground?		
Are there visible signs of rust, weeps, wet spots, or dents on the tank surface?		
Are there any drips or signs of leakage around the oil filter or valves?		
Is the fuel line underground or through concrete without being encased in a non-metallic sleeve?		
Is the tank located outside where it can be damaged by falling ice or snow from the roof?		
Are there signs of the vent pipe being clogged with ice, snow, or insect nests?		
Is the overfill vent whistle missing or obstructed and silent when the tank is being filled?		
Are there any signs of spills around the fill pipe or from the area of the vent pipe?		
Is the tank sight gauge missing, cracked, stuck or frozen? Is there oil or staining on the top of the tank?		

Is the existing tank located (check ***all*** that apply):

Indoors? _____ **and** on a concrete floor? _____ on concrete blocks? _____ on a dirt floor? _____

Outdoors? _____ **and** on concrete pad? _____ on concrete blocks? _____ resting on the ground? _____

Partially buried? _____ Fully underground? _____ Other (such as in shed or outbuilding)? _____

IMPORTANT!! Contractor - Provide a brief narrative describing the condition of the existing tank system.

Contractor: Provide an **itemized** estimate that describes the work necessary to bring this facility into compliance with NFPA 31 and the "New Hampshire Department of Environmental Services (NHDES) Best Management Practices for On-Premises-Use Facility Installations and Upgrades." Use the space provided below or provide an itemized description of the work to be performed on a separate sheet and submit it with this application. Please be sure to include the owner's name and address if a separate estimate sheet is to be used. Reimbursement (not to exceed \$4,000) shall be provided based on fair market rates, receipt of an itemized invoice and following a post-installation inspection by NHDES. Additionally, reimbursement of residential underground storage tank closure costs in amounts not to exceed a total of \$4,500 is available upon approval.

Itemized Proposal and Cost Estimate

Provide a detailed and itemized proposal in the space below or on your own letterhead. Failure to provide sufficient information and detail will result in a substantial delay in the approval process.

Total:	

Name of person providing verification and estimate: _____

Company: _____ Daytime phone: _____

Business Address: _____

Business Mailing Address (if different): _____

Required: I hereby state that I have inspected the subject facility, and it is my professional opinion that the described work will bring this facility into compliance with NFPA 31 and NHDES "Best Management Practices." The cost estimate is to complete the work and is based on current rates for labor and materials.

Email	Contractor's Signature	Date
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Owner: Submit 1) the application, 2) the cost estimate, and 3) income documentation to:

NHDES
SAFETANK PROGRAM
PO BOX 95
CONCORD, NH 03302

Reminder!! *Obtain written approval before work is performed in order to qualify for reimbursement.*
 If you have any questions, contact the Safetank Program at [\(603\) 271-3577](tel:6032713577).

INCOME CRITERIA FOR THE NEW HAMPSHIRE PETROLEUM REIMBURSEMENT FUND (RSA 146-D) ON-PREMISES-USE FACILITY LEAK PREVENTION PROGRAM ⁽¹⁾

HOUSEHOLD SIZE						
COUNTY ⁽²⁾	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON
BELKNAP	\$65,900	\$75,300	\$84,700	\$94,100	\$101,650	\$109,200
CARROLL	\$65,900	\$75,300	\$84,700	\$94,100	\$101,650	\$109,200
CHESHIRE	\$65,900	\$75,300	\$84,700	\$94,100	\$101,650	\$109,200
COOS	\$65,900	\$75,300	\$84,700	\$94,100	\$101,650	\$109,200
GRAFTON	\$65,900	\$75,300	\$84,700	\$94,100	\$101,650	\$109,200
HILLSBOROUGH	\$68,150	\$77,900	\$87,650	\$97,350	\$105,150	\$112,950
^(a) Nashua MSA	\$74,800	\$85,450	\$96,150	\$106,800	\$115,350	\$123,900
^(b) Manchester MSA	\$70,350	\$80,400	\$90,450	\$100,500	\$108,550	\$116,600
MERRIMACK	\$72,050	\$82,350	\$92,650	\$102,900	\$111,150	\$119,400
ROCKINGHAM						
^(c) Boston MSA	\$96,000	\$109,700	\$123,400	\$137,100	\$148,100	\$159,050
^(d) Lawrence MSA	\$74,800	\$85,450	\$96,150	\$106,800	\$115,350	\$123,900
^(e) Western Rockingham	\$74,800	\$85,450	\$96,150	\$106,800	\$115,350	\$123,900
^(f) Portsmouth -Roch MSA	\$74,800	\$85,450	\$96,150	\$106,800	\$115,350	\$123,900
STRAFFORD	\$74,800	\$85,450	\$96,150	\$106,800	\$115,350	\$123,900
SULLIVAN	\$65,900	\$75,300	\$84,700	\$94,100	\$101,650	\$109,200

April 2026

Notes:

- (1) - Income criterion is based on U.S. Department of Housing and Urban Development (HUD) guidelines. Income levels shown above are the 80% of median, are updated annually, and are valid for one year.
- (2) - Income Limits shown are for the entire county or for towns included in a separate Metropolitan Statistical Area (MSA) within a particular county.
- (a) - Amherst, Brookline, Greenville, Hollis, Hudson, Litchfield, Mason, Merrimack, Milford, Mont Vernon, Nashua, New Ipswich, Pelham, Wilton
 - (b) - Bedford, Goffstown, Manchester, Weare
 - (c) - Seabrook, South Hampton
 - (d) - Atkinson, Chester, Danville, Derry, Fremont, Hampstead, Kingston, Newton, Plaistow, Raymond, Salem, Sandown, Windham
 - (e) - Auburn, Candia, Deerfield, Londonderry, Northwood, Nottingham
 - (f) - Brentwood, East Kingston, Epping, Exeter, Greenland, Hampton, Hampton Falls, Kensington, New Castle, Newfields, Newington, Newmarket, North Hampton, Portsmouth, Rye, Stratham

Homeowner Checklist

Items required for a completed application

Tanks replaced prior to receiving **written** approval from the Safetank Program will **not** be eligible for reimbursement. (Your contractor **cannot** waive this requirement!)

- 1) ☐ **Answer all 4 questions on page 1** (read all questions carefully).
- 2) ☐ **Complete owner information on page 2** (include a contact phone number).
- 3) ☐ **Fill in total annual income line** (*DO NOT LEAVE BLANK*).
 - a. Income includes all taxable and nontaxable income for all members of the household.
- 4) ☐ **Include documentation of income** (for all members of household).
 - a. Documentation can be in the form of your previous year's tax return, W-2, Social security benefits statement, pension statement, child support/alimony payments, 1099 forms, etc. (any single or combination of documents that show all sources of the total household income).
- 5) ☐ **Fill in number of people in household.**
- 6) ☐ **Signed and dated the application.**
- 7) ☐ **Include pages 3 & 4 completed by your contractor.**

Note: Applications missing any of the above items will not be processed until **all** the information has been received.