

## MEMORANDUM

**To:** Home Sewage Treatment System Assistance Applicant

**From:** Kevin Smith, Environmental Health Director

**Subject:** Owner Application

Enclosed is an application to receive assistance for the repair/replacement of your failed sewage treatment system; or to abandon your current sewage treatment system to connect to a county sewer system, through the 2024 Home Sewage Treatment System Assistance Program. The Hocking County Commissioners have been awarded \$150,000.00 from the Ohio Environmental Protection Agency (EPA) for this project.

Criteria for funding is dependent on household income based on the U. S. Department of Health and Human Services 2023 Poverty Guidelines. Please review the income guidelines listed on the enclosed application. The application must be returned to the Health Department along with a copy of your deed or land contract and income statements. Funding is supplied on a first come - first serve basis. All sensitive information will be kept confidential and is not available to the public. If you are not 100% eligible, further assistance is available by contacting Beverly Anderson at USDA Rural Development at 740-525-6847.

After your application is approved, this office will contact you to conduct a site evaluation to determine the cause of the septic failure and to determine the best solution. Request for estimates from Registered Sewage Treatment System Installers will then be sent out. As a result, you may have several installers contacting you to schedule appointments to view your property so they can submit bids. Several households will be bundled together as a single contract and awarded to the Installer with the lowest estimate.

Once the chosen Installer submits all required insurance documents, this office will issue a "Notice to Proceed" to begin work. Your Installer may require a contract with you before beginning repairs and/or the 15% or 50% payment costs if you are 85% or 50% eligible. Prior to work beginning you will also need to purchase the Operation permit from this office.

Once your sewage treatment system is installed/repaired, the Installer will contact this office for a final inspection prior to backfilling. The Health Department will then contact the County Commissioners that the installation is finished and request payment from the EPA for the Installer. The County Commissioners will pay the Installer directly.

Please do not hesitate to contact me or Chance Graham at 740-385-3030 ext. 2 if you have any questions concerning this application or project.



# Hocking County 2024 Home Sewage Treatment System Assistance Program: Owner Application

*This application will be used to evaluate your eligibility for home sewage treatment system repair or replacement. The Hocking County Commissioners are administering this program which is funded through the Ohio Water Pollution Control Logan Fund (WPCLF) from the Ohio Environmental Protection Agency. Completing this form does not commit or obligate you in any way. All information on and accompanying this form will be kept strictly confidential.*

## Criteria for Qualification:

### A. Income

Annual income must be below those listed in the table below. If annual income is at or below those listed in Column A, 100% of the project costs will be paid except for the \$50 Operation Permit. If annual income is at or below those listed in Column B, 85% of the project costs will be paid. If annual income is at or below those listed in Column C, 50% of the project costs will be paid.

Project costs not covered by the program must be paid in full prior to start of any work.

# of people in home	100% of project costs paid if annual income at or below:	85% of project costs paid if annual income at or below:	50% of project costs paid if annual income at or below:
1-4	\$30,000	\$60,000	\$90,000
5	\$35,140	\$70,280	\$105,420
6	\$40,280	\$80,560	\$120,840
7	\$45,420	\$90,840	\$136,260
8	\$50,560	\$101,120	\$151,680

### B. Occupancy & Property Taxes

Applicants must be the homeowner and occupy the dwelling as their primary residence and be current on their property taxes. The property must be located in Hocking County.

### C. Nature of the Septic Repair

The dwelling must be in need of a septic repair/replacement. The nature of the required repair/replacement must serve to protect the health and/or safety of the household and the public.

## APPLICANTS MUST SUBMIT THE FOLLOWING VERIFICATION DOCUMENTS:

### HOME OWNERSHIP VERIFICATION

- ☐ A copy of the property deed in their name(s)
- ☐ A copy of the title to the home (if applicable)
- ☐ A copy of paid property taxes

## **INCOME VERIFICATION (Only One Form of Income Verification Necessary)**

- ☐ Provide proof of 2023 income with copy of income taxes
- ☐ Provide proof of income from 1/1/2023 to current with paycheck stubs
- ☐ Social security award letter dated 2023/2024
- ☐ Retirement benefits
- ☐ Disability
- ☐ Public (cash) assistance
- ☐ Alimony
- ☐ SSI supplemental security income
- ☐ Child support
- ☐ Unemployment benefit
- ☐ Workers comp
- ☐ Profit/loss statement for home based businesses, ebay, craigs list, avon, etc.
- ☐ Profit loss statements for those who are self employed
- ☐ If no income – letter from whoever is helping stating what bills they are paying, over what time period they have been helping you pay bills, how long they plan on continuing to help you dated and signed by the person providing help (funds).
- ☐ Past 2 months bank statements from checking and savings
- ☐ 401K statements, annuities, interest bearing account statements
- ☐ Food stamps award letter

## **ADDITIONAL INFORMATION:**

- To be considered eligible for WPCLF Grant Funding, applicants must reside at the address for at least 2 years after the work has been completed. Selling within this time period could result in the full project cost to be repayed to the grantor before transferring ownership of the property.
- Priority will be extended in an emergency situation to eliminate immediate health and safety hazards.
- Grants will be provided to qualified households. No mortgages, deed restrictions or paybacks of any type will be required.
- Application for the WPCLF 2024 Grant will be accepted through the duration of the grant period as long as funds are available and assistance will be provided on first-come-first-serve basis to qualified households.
- Several sites will be bundled into one contract for bidding. The contractor with the most acceptable bid will be awarded the contract.
- The installation of a sewage treatment system will create a messy environment. Since soil takes time to settle, final grading may not take place for several months after the repair/installation work is completed.
- The Health Department is required to inspect all sewage treatment systems that are altered/installed 12 months after approval then again, every 10 years.
- Before any work can begin, permits must be obtained from the Health Department.
- For those who are only 85% or 50% eligible, the remaining funds (15% and 50%) must be paid in full before work can commence.

**OWNER INFORMATION:**

First Name	Last Name	Social Security #
Mailing Address		
City	State	Zip Code
Phone #	Email:	Date of Birth
Site Address (if different):		
How many people live on the property? _____		
Marital Status: _____ Married _____ Separated _____ Unmarried _____ Divorced _____ Widowed		
Are you the owner occupant of the property: _____ Yes _____ No		
How long have you lived at this address: _____	Number of Bedrooms: _____	
Employer Name:		
Employer Address:		
Length of Employment:	Annual Gross Salary Amount: \$	
Hourly Wage Amount: \$	Monthly Tips Received: \$	
Other Wages (please list source & amount):		

Including yourself, please list the names, relationship, date of birth, and gross income of **everyone living on the property**. Please submit supporting documentations that are listed on page 2 for those over the age of 18 years currently occupying the property. Additional names may be listed on the reverse side.

Name	Relationship to you	SSN #	Date of Birth	Income Source	Total Amount for Last 12 Months

*I certify that I am not an employee or family member or any agent or official who exercises any functions or responsibilities in connection with the review or approval of the work completed under the WPCLF 2024 program.*

*I understand that I am responsible for the cost of the Hocking County Health Department STS Operation Permit associated with the installation and/or repair of my sewage treatment system and that this permit is not included in the system cost covered by the grant funding.*

*I understand that if I am eligible to receive 85%/50% principal forgiveness instead of 100%, I will pay the remaining 15%/50% project cost before work can begin.*

*I understand that by signing this application I grant the Hocking County Health Department and Hocking County Commissioners or their authorized providers access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. I understand that completing this application does not guarantee that my household will receive assistance. I understand that any authorized provider may rescind my contract if information is acquired which determines that my household is not eligible for services according to the rules of this program. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate, and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under Federal and State law for knowingly making false or fraudulent statements.*

*I hereby waive any and all present and future claims against the Hocking County Health Department or any of the individual employees of the Hocking County Health Department or any Board Members of the Hocking County Health Department or any Companies and their employees working under a contract with the WPCLF 2024 for damages in any way connected with the repair for which I am making an application as a condition of receiving repair/replacement assistance. I understand that I have the opportunity to consult with an attorney before signing this waiver and application.*

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Owner's Signature

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Date

**Application Signatures:**

**If you do not understand any part of this application or have a question about what you are being asked to sign, please ask someone at the department to help you. By signing below, you acknowledge your understanding of the application and verifications. Applicants must sign in INK in the presence of a Hocking County Health Department employee.**

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Applicant Signature

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Date

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Witness

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Date