

Hocking County 2020 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 | \$25,100 | \$50,200 | \$75,300 |
| 5 | \$29,420 | \$58,840 | \$88,260 |
| 6 | \$33,740 | \$67,480 | \$101,220 |
| 7 | \$38,060 | \$76,120 | \$114,180 |
| 8 | \$42,380 | \$84,760 | \$127,140 |

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

- Provide proof of 2018 income with copy of income taxes
- Provide proof of income from 1/1/2018 to current with paycheck stubs
- Social security award letter dated 2018
- 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:

- 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 2019 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 # |
| Street Address | | |
| City | State | Zip Code |
| Phone # | Alt. Phone | Date of Birth |
| E-mail Address: | | |
| 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 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 |
|------|---------------------|-------|---------------|---------------|---------------------------------|
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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 2018 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 2019 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.

Owner's Signature

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.

Applicant Signature

Date

Witness

Date