



Carroll County Commissioners

119 S. Lisbon Street
 Suite 201
 Carrollton, Ohio 44615

PHONE: (330) 627-4869
 FAX: (330) 627-6656
 www.CarrollCountyOhio.us

Commissioners

*Lewis A. Mickley * Jeffrey L. Ohler * Robert E. Wirkner*

**CARROLL COUNTY – 2020 HOME SEWAGE TREATMENT SYSTEM (HSTS)
 ASSISTANCE PROGRAM: OWNER APPLICATION**

This application will be used to evaluate your eligibility for home sewage treatment system repair or replacement or for connecting to an existing centralized sanitary sewer system. The Carroll County Health Department, in conjunction with the Commissioners’ Office, is administering this program which is funded through the Ohio Water Pollution Control Loan Fund (WPCLF) from the Ohio Environmental Protection Agency. Completing this form does not commit or obligate you in any way to accept the funding and does not guarantee funding for your project. All information on and accompanying this form will be kept strictly confidential.

Criteria for Qualification:

A. Income

Annual income must be lower than 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. 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 and any percentage owed by the homeowner must be paid in full at least 14 days prior to start of any work.

	COLUMN A	COLUMN B	COLUMN C
# 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	\$25,750	\$51,500	\$77,250
5	\$30,170	\$60,340	\$90,51
6	\$34,590	\$69,180	\$103,770
7	\$39,010	\$78,020	\$117,030
8	\$43,430	\$86,860	\$130,290

B. Occupancy & Property Taxes

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

C. Nature of the Septic Repair

The dwelling must be in need of either: (1) a septic repair/replacement as confirmed by the Carroll County Health Department, or (2) the abandonment of a failed system as confirmed by the Carroll County Health Department and a connection to an existing centralized sanitary sewer system. The nature of the required repair/replacement or abandonment/connection must serve to protect the health and/or safety of the household and the public.

This institution is an equal opportunity provider.

ADDITIONAL INFORMATION:

- Applications are processed in the order received. However, due to the different types of systems and requirements, the installation of each septic may not take place in the same order as the application receipt. Priority may also be extended in an emergency identified by the Health Department 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 2020 WPCLF program will be accepted through December 31, 2020 or until the funds run out, whichever comes first.
- Several sites may be bundled into one contract for bidding. The contractor with the lowest and best bid will be awarded the contract. The homeowner does not choose the contractor.
- Homeowner must allow the local Health Department, EPA representatives and contractors to enter upon the property to make inspections.
- Before any work can begin, permits must be obtained from the Health Department and, in some cases, from the Ohio EPA. This will be handled by the Commissioners' Office and/or Contractor.
- For those who are 85% or 50% eligible, the remaining funds (15% and 50%) must be paid in full by the homeowner at least 14 days **before** work can commence.
- The installation of, abandonment of or connection to a sewage treatment system will create a messy environment. Once the Health Department gives final approval of the installation or abandonment, the contractor is not responsible for any soil settling or grading after that time.
- The Health Department is required to inspect all sewage treatment systems that are altered/installed 12 months after final approval.
- Depending on the type of system installed, homeowners may be required to obtain a service agreement for maintenance of the aerator and septic system through a qualified service provider, Ohio Administrative Code 3701-29-19.

APPLICANTS MUST SUBMIT THE FOLLOWING DOCUMENTS WITH THE APPLICATION:

HOME OWNERSHIP VERIFICATION

- Copy of the property deed in their name(s) – can be obtained from the Recorder (330-627-4545)
- Copy of the title to the home, if applicable (for example, for trailers)
- Copy of paid property taxes – can be obtained from the Treasurer (330-627-4221)

INCOME VERIFICATION (submit all that apply to you)

- Copy of most recent income tax return, including W-9, 1099 or similar form
- Past 2 months bank statements from all financial accounts (like checking and savings)
- 401K statements, annuities, interest bearing account statements
- Income verification from 1/1/2020 to current, including any of the following which apply to you:
 - Paystubs
 - Social security award letter
 - Retirement benefits
 - Disability benefits
 - Public (cash) assistance
 - Alimony
 - Child support
 - Unemployment benefits
 - Workers compensation benefits
 - Profit/loss statement for home based businesses like E-bay, Craigslist, Avon, etc.
 - Profit/loss statements for those who are self employed
- Food stamps award letter
- If no income, provide a letter dated and signed by the person providing funding to you stating what bills they are paying, the amount of each bill, what time period they have paid and will continue to pay

I. APPLICANT INFORMATION:

APPLYING FOR (CHECK APPROPRIATE BOX OR BOXES):				
<input type="checkbox"/> Repair or replacement of current septic	<input type="checkbox"/> Abandonment of current septic	<input type="checkbox"/> Connection to existing centralized sanitary sewer		
APPLICANT (OWNER)				
Last Name		First		M.I.
Phone		E-mail		
Marital status (circle one): Single Married Separated Divorced Widowed				
CO-APPLICANT (CO-OWNER)				
Last Name		First		M.I.
Phone		E-mail		
Marital status (circle one): Single Married Separated Divorced Widowed				

II. PROPERTY INFORMATION:

PROPERTY ADDRESS				
Street Address				Apartment/Unit
City		State		ZIP
How many people live at the property, including owner(s), children, relatives, etc.?				
Are applicant(s) the owner(s) and occupant(s) of the property? YES NO				
How long have you lived at the property?				
Do you plan to sell the property in the next five years? YES NO				

III. INCOME OF HOUSEHOLD MEMBERS

Please complete the information below for **everyone** living at the property. You are required to submit supporting documentation as listed on page 2 for everyone over the age of 18 currently living at the property. Additional names may be listed on a separate sheet. The income of all persons living in the home will be used to calculate eligibility.

APPLICANT (OWNER) - INCOME				
Last Name		First		M.I.
Last 4 of SSN		Relationship to Applicant	<i>Self</i>	
Employer		Annual Income	\$	
List all income, including employment, Social Security, retirement, disability, child support, unemployment, etc. <i>Example: Social Security - \$500 per month</i>				

III. INCOME OF HOUSEHOLD MEMBERS (CONTINUED)

CO-APPLICANT (CO-OWNER)

Last Name		First		M.I.	
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Last 4 of SSN		Relationship to Applicant	
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Employer		Annual Income	\$
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List all income, including employment, Social Security, retirement, disability, child support, unemployment, etc.
Example: Social Security - \$500 per month

HOUSEHOLD MEMBER #1 - INCOME

Last Name		First		M.I.	
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Last 4 of SSN		Relationship to Applicant	
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Employer		Annual Income	\$
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List all income, including employment, Social Security, retirement, disability, child support, unemployment, etc.
Example: Social Security - \$500 per month

HOUSEHOLD MEMBER #2 - INCOME

Last Name		First		M.I.	
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Last 4 of SSN		Relationship to Applicant	
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Employer		Annual Income	\$
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List all income, including employment, Social Security, retirement, disability, child support, unemployment, etc.
Example: Social Security - \$500 per month

IV. CERTIFICATION

PLEASE READ THE FOLLOWING STATEMENTS. IF YOU DO NOT UNDERSTAND ANY PART OF THIS APPLICATION OR HAVE A QUESTION ABOUT WHAT YOU ARE BEING ASKED TO SIGN, PLEASE CONTACT THE COMMISSIONERS' OFFICE. BY SIGNING BELOW YOU ACKNOWLEDGE YOUR UNDERSTANDING OF THE APPLICATION AND VERIFICATIONS.

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 further certify I am not an employee, family member, agent or official exercising any functions or responsibilities in connection with the review or approval of the work completed under the 2020 WPCLF program.

I understand that if I am eligible to receive 85% or 50% principal forgiveness instead of 100%, I am required pay the remaining 15% or 50% project costs at least 14 days **before** work can begin. I understand I must allow the local Health Department, EPA representatives and contractors to enter upon the property to make inspections.

I understand that the personal financial information contained in this application is necessary for the evaluation of my application for assistance. 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 hereby waive any and all present and future claims against the Carroll County Health Department, Carroll County Commissioners, its employees and Board Members 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.

Applicant/Owner's Signature

Date

Co-Owner/Applicant's Signature

Date

RETURN COMPLETED APPLICATION PAGES 3-5 AND SUPPORTING DOCUMENTATION NOTED ON PAGE 2 TO:

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