



2017-18 Household Sewage Treatment System Grant Program Information

Thank you for your interest in the Lorain County General Health District (LCGHD) Water Pollution Control Loan Fund (WPCLF) Program. The attached information will describe this Program and the requirements for participation. Included are the **household income guidelines that apply to the Program**. An application is attached for those interested in applying.

The intent of this Program is to assist homeowners who lack the financial resources to replace failing household Sewage Treatment Systems (STS), especially those cases that pose an immediate threat to the health and safety of the occupant, the public, and the environment. Funding can also be used to assist homeowners that need to connect to an existing sanitary sewer and properly abandon their STS.

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|---|---|---|
| <p><u>How does the program work?</u></p> <ul style="list-style-type: none"> • The WPCLF is a loan program between the LCGHD and the Ohio EPA • The loan is <i>Principal Forgiveness</i> funding that DOES NOT require repayment • Registered contractors will submit cost proposals to the LCGHD for approved projects • Contractors will be selected by the LCGHD, not the homeowner | <p><u>Who is eligible?</u></p> <p>The following criteria must be met:</p> <ul style="list-style-type: none"> • The household income must meet the program criteria (see attached application) • The sewage system must be failing and verified by the LCGHD • The applicant must be the homeowner • Property taxes must be current • Rental property, new-build homes, and homes advertised for sale are not eligible | <p><u>How can the money be used?</u></p> <p>The funding can ONLY be spent to:</p> <ul style="list-style-type: none"> • Repair/replace failing sewage systems, or • Properly abandon sewage systems and make connection to an existing sanitary sewer <p>The funding is not available for commercial sewage systems.</p> |
| <p><u>How will homeowners be selected?</u></p> <ul style="list-style-type: none"> • Applications will be selected based on financial need and the severity of the sewage system failure • The severity of the failure will be the primary factor, followed by financial need • The order of receipt of applications will be considered as a final factor when all other factors are equal | <p><u>What happens after I apply?</u></p> <ul style="list-style-type: none"> • LCGHD staff will review the completed application and determine eligibility • You will be notified in writing of your eligibility, or non-eligibility • If you decide to participate, the LCGHD will arrange to evaluate the sewage system to verify it is need of repair/replacement | <p><u>Does it cost me anything to apply?</u></p> <p>There is no cost to apply for the program.</p> |

How do I apply? Review the attached Program Requirements and complete the enclosed Application. →

2017-18 Program Requirements: Criteria for Qualification

The Lorain County General Health District (LCGHD) has been awarded \$300,000 through the Water Pollution Control Loan Fund (WPCLF) from the Ohio EPA. This Program is time-sensitive and all funds must be expended by November 30, 2018. Potential applicants are urged to apply without delay, as funds will be distributed on a first-come-first-serve basis; however, priority will be extended in emergency situations to eliminate immediate health and safety hazards.

The following criteria are program requirements. There are no exceptions or exemptions.

A. Income

Annual household income must be below those listed in the table below.

Project costs not covered by the Program must be paid in full at least 14 days prior to the start of any work

| | COLUMN A | COLUMN B | COLUMN C |
|-------------------------|--|---|---|
| # of people in the 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 | \$24,300 | \$48,600 | \$72,900 |
| 5 | \$28,440 | \$56,880 | \$85,320 |
| 6 | \$32,580 | \$65,160 | \$97,740 |
| 7 | \$36,730 | \$73,460 | \$110,190 |
| 8 | \$40,890 | \$81,780 | \$122,670 |

(Note: The income criteria are based upon U.S. Department of Health & Human Services Poverty Guidelines. For families with more than 8 persons, add \$4,160.00 for each additional person for Column A and Column B. Homeowners with total annual household income exceeding \$122,670.00 are not eligible for this Program.)

B. Occupancy and Property Taxes

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

C. Nature of the Sewage System Repair, Replacement, or Sanitary Sewer Connection

The sewage treatment system must be in need of a repair/replacement. The nature of the required repair/replacement must serve to protect the health and/or safety of the household, the public, and the environment. Or, the dwelling must be in need of making connection to an existing sanitary sewer and properly abandon the sewage treatment system.

Additional Information

- Applications will be accepted through the duration of the grant period, or until all grant funding is expended.
- The LCGHD will conduct a site visit to evaluate the status of the sewage treatment system failure, or verify that the dwelling is in need of making connection to an existing sanitary sewer.
- Funding assistance will be provided to qualified households on a first-come-first-serve basis; however, priority will be extended in emergency situations to eliminate immediate health and safety hazards.
- Applicants who are 85% or 50% eligible must pay the remaining funds (15% and 50%, respectively) in full before work can begin.
- Several project sites may be bundled into one contract for cost proposals. The contractor with the most acceptable cost proposal will be awarded the contract. The homeowner does not choose the contractor, the LCGHD does.
- The homeowner must allow the LCGHD, contractors, and EPA representatives to enter the property to make inspections.
- The sewage treatment system repair, replacement, or sanitary sewer connection will create a messy environment. Since soil takes time to settle, final grading/seeding may not take place for several months after work is completed.
- The LCGHD is required to inspect all sewage treatment systems that are altered/installed within 12 months.
- Before any work can begin, permits must be obtained from the LCGHD.



Lorain County General Health District
440-322-6367 LorainCountyHealth.com

Lorain County General Health District
Water Pollution Control Loan Fund (WPCLF)
Household Sewage Treatment System
Repair/Replacement/Sewer Connection Program

2017-18 Application for Funding Assistance

This application will be used to determine your eligibility for household sewage treatment system repair, replacement, or connection to an existing sanitary sewer. The Lorain County General Health District is administering this program which is funded through the Water Pollution Control Loan Fund (WPCLF) from the Ohio Environmental Protection Agency. Completing this application does not commit or obligate you in any way and is not a guarantee for funding assistance.

| Applicant Information | | |
|--|--------------------|--|
| First Name | Last Name | Social Security # |
| Property Address | | |
| City/Village/Township | State | Zip Code |
| Permanent Parcel # | Phone # | Alternate Phone # |
| Email Address: | | |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unmarried | | |
| Are you the owner and occupant of the property? <input type="checkbox"/> YES <input type="checkbox"/> NO, explain: | | |
| Number of people living in the home | Number of bedrooms | Water Supply (City, Well, Cistern, etc.) |

| Applicant Employment Information | |
|--|---|
| Employer Name: | |
| Employer Address: | |
| Length of Employment: | Annual Salary (Gross): \$ |
| Hourly Wage Amount: \$ | Monthly Tips Received (if applicable): \$ |
| Other Wages (please list source and amount): | |

Household Member Income: Including the Applicant, please list the names and gross income for all household members over the age of 18 years with income (before deductions).

| Name | Relationship to Applicant | Date of Birth | Income Source(s) | Total Income for last 12 months |
|------|---------------------------|---------------|------------------|---------------------------------|
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(Note: Income verification for all of the above listed household members must be provided with the application.)

Required Documents

Applicants must submit the following verification documents:

A. HOME OWNERSHIP VERIFICATION

- Copy of the property deed in their name(s)- can be obtained from the County Recorder’s Office
- Copy of the title to the home, if applicable (Example: trailer)
- Copy of paid property taxes – can be obtained from the County Treasurer’s Office
- If the property is under Land Installment Contract, include a copy of the land contract document. The contract must be done according to Chapter 5313 of the Ohio Revised Code in order to be considered for eligibility for this Program.

B. INCOME VERIFICATION (Include all that apply to you)

Applicant must provide proof of income for all household members earning income, as listed in the table above.

- Copy of 2016 income tax returns
- Four (4) consecutive weeks of pay stubs that reflect year-to-date earnings
- Monthly Social Security
- Monthly Disability
- Monthly Pension
- Monthly Unemployment
- Monthly income from rental property

If no income, include a letter stating how your bills are being paid. The letter needs to be signed and dated.

****Additional information may be requested if deemed necessary for your application****

Applicant Certification and Permission to Verify Income Information

Please read the following statements, initial each section, and sign below to acknowledge that you understand the application and the verifications. 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 Lorain County General Health District (LCGHD).

_____ 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 that I am not an employee, family member, agent, or official exercising any functions or responsibilities in connection with the review and approval of the work completed under the WPCLF Program.

_____ I understand that if I am eligible to receive 85% or 50% principal forgiveness instead of 100%, I am required to pay the remaining 15% or 50%, respectively, project costs at least 14 days before any work can begin.

_____ I understand that I must allow the LCGHD, contractors, and EPA representatives 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 eligibility for the Program. I understand that completing this application does not guarantee that my household will receive funding assistance. I understand that the LCGHD may rescind my contract if information is acquired that determines that my household is not eligible for services according to the rules of the Program.

_____ I understand that upon completion of the sewage treatment system repair/replacement, an Operation and Maintenance Permit will be issued to me from the LCGHD. I understand that I am responsible for maintaining the sewage treatment system in accordance with Ohio and local laws and rules. I understand that I will be responsible for all costs associated with the proper operation and maintenance of the system. I also understand that some systems, such as those utilizing aerobic treatment units, will be required to maintain a service contract with a registered service provider for the life of the system, and that I am responsible for all costs associated with the service contract.

_____ I hereby waive any and all present and future claims against the LCGHD, its employees, and Board Members for damages in any way connected with the work for which I am requesting assistance. I understand that I have an opportunity to consult with an attorney before signing this Certification.

_____ As an applicant for this Program, I hereby give my permission to the LCGHD administering the Program to contact my employer or other appropriate person(s) or companies to verify information I have provided and submitted as supporting documentation with this application. I also understand that my records may be released upon request pursuant to public records law.

Applicant's Signature

Date

Return completed application and all required documentation to:

Jill Lis, R.S., Director of Environmental Health
Lorain County General Health District
9880 South Murray Ridge Road
Elyria, Ohio 44035

Questions?

Contact Jill Lis at (440) 284-3224

jlis@loraincountyhealth.com

Applications will not be considered officially received until all required documents have been completed and submitted.