



**Richland Public Health
Environmental Division**
555 Lexington Avenue
Mansfield, OH 44907
www.richlandhealth.org
(419)774-4520

Application for Water Pollution Control Loan Fund

This application is used to determine eligibility for household sewage treatment system repair, replacement or connection to an existing sanitary sewer. Richland Public Health is administering this program with funding through the Water Pollution Control Loan Fund (WPCLF) from the Ohio Environmental Protection Agency. Completing this application does not commit and/or obligate you in any way and is not a guarantee for funding assistance.

All applications must be complete and include all of the following (where applicable):

Income Verification:

- Copy of most recent income tax returns
- Two (2) weeks of recent pay stubs
- Monthly social security
- Monthly disability
- Monthly pension
- Monthly unemployment
- Monthly income from rental properties
- **Any additional income**

Home Ownership Verification:

- Copy of the property deed
- Copy of the title to the home, if applicable
- Copy of paid property taxes

If you are claiming no income, include a letter stating how your bills are paid. Sign and date the letter.

Applicant Information

First Name: _____ Last Name: _____

Property Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Township: _____ Parcel #: _____ Phone #: _____

E-mail: _____ Marital Status: _____

Are you the homeowner and occupant of the property? Yes No Number of bedrooms: _____

Number of people living in the home? _____

Water supply? City Well Cistern Stream Pond Other

Household Sewage Treatment System Information

What is the approximate age of your existing sewage treatment system?

Do you have sewage "ponding" or surfacing on the ground? If so, how often?

Is there an urgent safety issue (i.e. collapsed septic tank)? If so, please describe:

Please explain why you believe your sewage treatment system is failing?

Applicant Employment Information

Employer Name: _____

Employer Address: _____

Length of Employment: _____ Annual Gross Salary: _____ Hourly Wage: _____

List Other Wages or Sources of Income (from Page 1): _____

Other Household Members (Other than Above Applicant)

Name	Relationship	Date of Birth	Income Sources	Total Income (for the last 12 months)

NOTE: Income verification for all the above listed household members must be provided with this application.

Applicant Certification and Permission to Verify Income Information

Please read the following statements, initial each section and sign below to acknowledge you understand the application process and the income verifications. If you have any questions, please contact Richland Public Health (RPH).

(Initials) I certify that the information I have provided in this application is, to the best of my knowledge, true, accurate, and a complete disclosure of the requested information.

(Initials) I understand that if I am eligible to receive 85% or 50% principal forgiveness instead of 100%, I am required to pay the remaining project costs.

(Initials) I understand that I must allow RPH, contractors and OEPA representatives to enter the property to make inspections.

(Initials) I understand that 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 RPH will rescind my application if information is acquired that determines that my household is not eligible for services according to the rules of the program.

(Initials) I understand that upon completion of the sewage treatment system repair/replacement, an Operation and Maintenance permit will be issued to me by RPH. 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 including but not limited to any required service contracts.

(Initials) I hereby waive any and all present and future claims against RPH, its employees and Board members for damages in any way connected with the work for which I am requesting grand funding assistance. I understand that I have an opportunity to consult with an attorney before signing this application.

(Initials) As an applicant for this program, I hereby give RPH permission to contact my employer or other appropriate persons 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 Ohio public records law.

Signature:

Date:



**Richland Public Health
Environmental Division**
555 Lexington Avenue
Mansfield, OH 44907
www.richlandhealth.org

Supplemental Income Attachment

Additional Household Member's Income

Employer Name: _____

Employer Address: _____

Length of Employment: _____ Annual Gross Salary: _____ Hourly Wage: _____

List Other Wages or Sources of Income (from Page 1): _____

Additional Household Member's Income

Employer Name: _____

Employer Address: _____

Length of Employment: _____ Annual Gross Salary: _____ Hourly Wage: _____

List Other Wages or Sources of Income (from Page 1): _____

Additional Household Member's Income

Employer Name: _____

Employer Address: _____

Length of Employment: _____ Annual Gross Salary: _____ Hourly Wage: _____

List Other Wages or Sources of Income (from Page 1): _____

Additional Household Member's Income

Employer Name: _____

Employer Address: _____

Length of Employment: _____ Annual Gross Salary: _____ Hourly Wage: _____

List Other Wages or Sources of Income (from Page 1): _____

Additional Household Member's Income

Employer Name: _____

Employer Address: _____

Length of Employment: _____ Annual Gross Salary: _____ Hourly Wage: _____

List Other Wages or Sources of Income (from Page 1): _____