



## 2017-18 Water Pollution Control Loan Fund (WPCLF) Application Form

This application is provided to determine eligibility for funding to repair or replace a failing sewage treatment system on an existing home or to connect an existing home to public sewers if they are available.

**Completing this application does not obligate the homeowner to participate. It is only used to determine eligibility and potential funding level.**

**The following are eligible:**

- Homes that are owner occupied.
- Homes that are being purchased via Land Installment Contract per Revised Code Chapter 5313.
- Homes being held as part of a trust where a trustee is occupying the home.

**Funds cannot be used for:**

- Rental properties
- New-build homes
- Homes advertised for sale

Name of Property Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Verification of Need**

Check if you wish to connect to public sewers or

Briefly describe what problems you are having with your septic system: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Verification of Income**

One of two methods can be used to determine eligibility and funding level. The following information will be held in confidence by the Defiance County General Health District.

1. Provide a copy of the most recent year's **federal tax return** for each resident of the home receiving taxable income.

**Or**

2. If one or all of the residents did not file a federal tax return, provide Information on current income for each person who did not file. This includes taxable income from any source:
  - Social Security (Statement of Benefits from Social Security)
  - Retirement (copy of check or deposit statement)
  - Wages (copy of pay stubs)
  - Interest from Investments, savings, certificates, etc. (Copy of statements)
  - Income from real estate rentals (Copy of Payment Schedule, Income Statements from Holding Company or Copy of Check)

<b>Earners Name:</b>	_____	_____	_____
<b>MONTHLY ↓</b>			
Employment Income:	\$ _____	_____	_____
Social Security:	\$ _____	_____	_____
Retirement/ Pension	\$ _____	_____	_____
Interest (monthly):	\$ _____	_____	_____
Rental Income	\$ _____	_____	_____
Other Income	\$ _____	_____	_____
<b>Total Monthly:</b>	\$ _____	_____	_____
<b>Total Yearly:</b>	\$ _____	_____	_____

**Verification Household Size - List all residents of any age**

<b>Print Name</b>	<b>Relationship to Homeowner</b>	<b>Occupation / Age</b>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____

**Certification by Applicant(s)**

The Applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding assistance through the WPCLF principal forgiveness loan and is true and complete to the best of the Applicant(s) knowledge and belief.

The Applicant(s) further certifies that he/ she is the owner of the property described in this application.

Verification of any of the information contained in this application may be obtained from any source herein. Please include the signature of any and all persons over the age of 18 owning or occupying the dwelling.

**Owner(s)/ Occupant(s) Signature:**

**Date:**


**PENALTY FOR FALSE OR FRADULENT STATEMENT:** U.S.C. Title 18, Section 101, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies ...or makes any false, fictitious, or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statements or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five (5) years, or both."

Date: \_\_\_\_\_ Reviewer: \_\_\_\_\_ Notification date \_\_\_\_\_

Combined Earned Income \_\_\_\_\_

Household Size \_\_\_\_\_ Funding Level: \_\_\_\_\_