



Defiance County General Health District

1300 East Second Street, Suite 100, Defiance, Ohio 43512

Phone 419-784-3818 Fax 419-782-4979

www.defiancecohealth.org

Water Pollution Control Loan Fund (WPCLF) Household Sewage Treatment System Funding Assistance Application Form

Eligibility Requirements

1. Property must be occupied by the homeowner
2. **Not eligible for funding:**
 - Rental properties
 - New-build homes
 - Homes advertised for sale
3. Homes being purchased via Land Installment Contracts per ORC Chapter 5313 are eligible for the funding.
4. Homeowners need to be able to document income and household size to qualify.

Completion of this application is for the purpose of determining eligibility for persons interested in funding assistance to repair or replace their failing or substandard household sewage treatment system.

Name of Property Owner(s): _____

Address: _____

Mailing Address (if different from above): _____

Telephone: _____ Cell: _____

E-mail: _____

Verification of Need

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

Verification of Income

The following information will be held in confidence by the Defiance County General Health District.

1. Provide copies of the most recent year's tax returns for each occupant receiving taxable income.
2. If you did not file taxes in the previous year, provide Information on current income. This includes income from any source:
 1. Social Security (Statement of Benefits from Social Security)
 2. Retirement (copy of check or deposit statement)
 3. Wages (copy of pay stubs)
 4. Interest from Investments, savings, certificates, etc. (Copy of statements)
 5. Income from real estate sales or rentals (Copy of Payment Schedule, Income Statements from Holding Company or Copy of Check)
 6. Please provide your anticipated income for the **current** year. (over)

Employment Income: \$ _____

Social Security: \$ _____

Retirement/ Pension (monthly): \$ _____

Total Monthly: \$ _____

Verification Household Size - List all occupants

Print Name	Relationship to Homeowner	Occupation / Age
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 and that the applicant agrees to pay up to 50% of the project cost if Applicant(s) do not meet the 100% poverty income levels.

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:** _____ **Income** _____ **Household** _____ **Funding Level:** _____