



## **2019 Household Sewage Treatment System Repair/ Replacement Funding Application and Household Income Verification Form**

The Madison County Public Health received funding from December 1, 2019 to December 31, 2020 to assist homeowners with repairs or replacement of their existing household sewage treatment systems (septic tanks, aeration systems, leach fields, etc.). The program is funded by the Ohio Water Pollution Control Fund (WPCLF) through the Ohio Environmental Protection Agency to decrease the risk of untreated sewage polluting Madison County's waterways and land from failing systems. Applicants must be current owners and reside in the house connected to the failing household sewage treatment system. One of the requirements is the owners are currently living in the home and for at least 6 months prior to application to the program.

To qualify for the program, the total annual income of all adults living in the home during the time of application is used. Each adult resident's gross income minus the federal, state and local taxes withheld in the last 3 months prior to the application date will be used to determine the level of funding. Examples to provide proof of income include paychecks, welfare/social security checks and other records of income showing income and tax withholdings.

Income from children under the age of 26 who are not working full time and are covered under the homeowner's medical insurance are exempted. Adult children living with the homeowner who are not exempted will need to have their income included in the total household income. If you have questions, please contact our staff.

### **Qualifying Parameters**

1. Homeowner(s) must be currently living in the house for at least 6 months before application date.
2. The sewage treatment system must be confirmed to be failing by the Madison County Public Health sanitarian.
3. Number of "Persons in Household" include all the children and adults living at the home.
4. Homeowner(s) must meet one of the three total household income requirements listed on the next page for 100%, 85% or 50% funding for the repairs or replacement of the household sewage treatment system.

### **Restrictions on the funding:**

1. Rental properties, commercial properties and new home construction are not eligible for funding.
2. Funding cannot be used to expand the size of the system due to remodeling the house.
3. Funding does not cover home connection to a public sewer system.
4. Funding cannot be used to repair a failing system connected to multiple houses.
5. Plumbing repairs or remodel inside the house is not covered by the funding.
6. Owners who do not qualify for 100% funding are required to pay their portion of the repairs to the Health Department before the repairs or replacement of the system is scheduled to begin by the scheduled due date set after the bid process.
7. Contractors are reimbursed from the Health Department, not from the homeowner after the work has been completed and approved by the Health Department. Contractors are selected by the Health Department following a project bid process.
8. Repair work conducted under this program's funding will begin December 1, 2019 and will continue through December 30, 2020 as long as funds are available.

Effective Date:	12/01/2018
Last Review Date & Reviewer:	01/30/2019 jm
Next Review Date:	11/01/2019



**2019 Income Requirements: Total household income is used to determine funding of up to 100%, 85% or 50% repair/replacement costs by program.**

I. To receive 100% funding for the repair or replacement of your household sewage treatment system, your Maximum Annual Household Total Income must meet or be below the following:

<u>Persons in the Household</u>	<u>Maximum Total Annual Income</u>
1-4	\$24,600
5	\$28,780
6	\$32,960
7	\$37,140
8	\$41,320 (more than 8 persons, add \$4180 for each additional person)

II. To receive 85% funding for the repair or replacement of your household sewage treatment system, your Maximum Annual Household Total Income must meet or be below the following:

\*\* The homeowner is responsible for 15% of the project costs.

<u>Persons in the Household</u>	<u>Maximum Total Annual Income</u>
1-4	\$49,200
5	\$57,560
6	\$65,920
7	\$74,280
8	\$82,640 (more than 8 persons, add \$4180 for each additional person)

III. To receive 50% funding for the repair or replacement of your household sewage treatment system, your Maximum Annual Household Total Income must meet or be below the following:

\*\*The homeowner is responsible for 50% of the project costs.

<u>Persons in the Household</u>	<u>Maximum Total Annual Income</u>
1-4	\$73,800
5	\$86,340
6	\$98,880
7	\$111,420
8	\$123,960

\*\* Homeowners responsible for 15% or 50% of the project costs are required to provide to the Health Department this portion before the repairs or replacement is scheduled with the contractor. The project cost will be determined after the project bid process and the owner will be notified of their portion of the cost with a set due date for this portion to be paid. The contractor will receive this portion of the project costs after the project is completed and approved by the Health Department. If the homeowner fails to provide their portion of the project costs by the scheduled due date, this funding opportunity will be void and the homeowner will be responsible to make arrangements to hire a contractor to repair the sewage treatment system at their own expense.

Contact our sanitarians for more information, to submit your application or to inspect your sewage treatment system at 740-852-3065 Monday to Friday between 8:30 pm to 4:30 pm.

Effective Date:	12/01/2018
Last Review Date & Reviewer:	01/30/2019 jm
Next Review Date:	11/01/2019



## 2019 Application and Household Income Verification

**Please Print**

Property Owner Name: \_\_\_\_\_

Daytime Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address of System: \_\_\_\_\_  
City State Zip Code

Mailing Address if different from house address: \_\_\_\_\_  
City State Zip Code

\*\* Whenever a public sanitary sewer system becomes accessible to the dwelling or structure, the dwelling and the structures shall be connected to the public sanitary sewage system and the current system abandoned according to current regulations and requirements at the time of abandonment.

Total Number of individuals living at the house (include all children and adults) Adults: \_\_\_\_ Children: \_\_\_\_

List each adult income. Print or type information. Provide copies of documents showing the total household income (all adult residents of household) of the last 3 months by attaching a copy of pay stubs, bank reports or other information to be used to verify source of income and amount to application.

<u>Name of individual with income</u>	<u>Time span (week, month or year)</u>	<u>Income amount</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
Total household income		\$ _____

I verify that the information provided above is complete and accurate to the best of my knowledge. I understand that should any of this information be found to be purposely inaccurate the funding will be revoked and I will be responsible to pay 100% the repair/replacement and labor costs instead of the percentage agreed. I also understand that this application will not be processed without complete information.

Effective Date:	12/01/2018
Last Review Date & Reviewer:	01/30/2019 jm
Next Review Date:	11/01/2019



**Homeowner responsible for \_\_\_\_\_% repair/replacement costs (sanitarian fills this box) (0%, 15%, or 50%)**

**Yes / No \_\_\_\_\_** Owner is responsible for paying 15% of costs.

If yes, owner is required to provide a receipt form contractor showing 15% of payment before work is completed and approved.

**Yes / No \_\_\_\_\_** Owner is responsible for paying 50% of the costs.

If yes, owner is required to provide a receipt form contractor showing 50% of payment before work is completed and approved.

**The property owner must complete the information below with a Notary.**  
**Madison Public Health Department has a Notary available.**

\_\_\_\_\_, being duly sworn did appear before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(Print applicant's name)

And I, \_\_\_\_\_, do witness my hand and seal.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

*Office use only*

\_\_\_ Amount to be reimbursed to contractor after completion of project: \$\_\_\_\_\_

\_\_\_ Repairs/Replacement design approved \_\_\_\_\_ Copies of proof of household income attached

\_\_\_ Reviewed by \_\_\_\_\_ (sanitarian's name and date) \_\_\_\_\_ Date

\_\_\_ Date system was inspected for qualifying for program Sanitarian who inspected: \_\_\_\_\_

\_\_\_ Final inspection date for repairs: \_\_\_\_\_ Sanitarian who inspected: \_\_\_\_\_

\_\_\_\_\_ Date submitted for reimbursement \_\_\_\_\_ Date of reimbursement

\_\_\_\_\_ Business name of contractor for project

Effective Date:	12/01/2018
Last Review Date & Reviewer:	01/30/2019 jm
Next Review Date:	11/01/2019