

Mahoning County Public Health

50 WESTCHESTER DRIVE
YOUNGSTOWN, OHIO 44515

WATER POLLUTION CONTROL LOAN FUND 2020 (WPCLF) HOUSEHOLD SEWAGE TREATMENT SYSTEM PROGRAM APPLICATION

(Eligibility guidelines located at the end of the application)

DATE: _____

I. PERSONAL DATA

Applicant #1 Name _____ Age: _____

Applicant #2 Name _____ Age: _____

Other Applicant Name* _____ Age: _____

Mailing Address (all applicants): _____

Home Phone # _____ Cell #(s) _____

Names of Dependents: (example: Kyle Smith - Age 13; Jenny Smith – Age 3...)

Are any of the persons living in this household handicapped or disabled? Yes ____ No ____

Name & Age: _____

Relationship: _____

Property Address where the repair/replacement is requested (**if different than mailing address**)

Is the property owner occupied? _____ Is this a rental property? _____

II. EMPLOYMENT

Applicant #1 Name: _____

Employer: _____

Employer Address: _____

Position: _____ No. of Years _____

Previous Employment** _____ No. of Years _____

Other Employment _____

Applicant #2 Name: _____

Employer: _____

Employer Address: _____

Position: _____ No. of Years _____

Previous Employment** _____ No. of Years _____

Other Employment _____

Other Applicant Name*: _____

Employer: _____

Employer Address: _____

Position: _____ No. of Years _____

Previous Employment** _____ No. of Years _____

Other Employment _____

III. GROSS INCOME

| Base Pay | Applicant #1 | Applicant #2 | Other |
|-----------------|---------------------|---------------------|--------------|
| Hourly | _____ | _____ | _____ |
| Hours/week | _____ | _____ | _____ |
| Weekly | _____ | _____ | _____ |
| Monthly | _____ | _____ | _____ |

| Pension(s) | Applicant #1 | Applicant #2 | Other |
|-------------------|---------------------|---------------------|--------------|
| Monthly | _____ | _____ | _____ |
| From Whom | _____ | _____ | _____ |
| | _____ | _____ | _____ |

| | | | |
|--------------------------|---------------------|---------------------|--------------|
| Welfare Payments: | Applicant #1 | Applicant #2 | Other |
| Monthly | _____ | _____ | _____ |

| | | | |
|--------------------------------|---------------------|---------------------|--------------|
| Social Security Number: | Applicant #1 | Applicant #2 | Other |
| | _____ | _____ | _____ |

| | | | |
|----------------------------------|-------|-------|-------|
| Social Security Received: | | | |
| Monthly | _____ | _____ | _____ |

| | | | |
|-----------------------|---------------------|---------------------|--------------|
| Child Support: | Applicant #1 | Applicant #2 | Other |
| Monthly | _____ | _____ | _____ |

| | | | |
|-----------------------|---------------------|---------------------|--------------|
| Rental Payment | Applicant #1 | Applicant #2 | Other |
| Monthly | _____ | _____ | _____ |

| | | | |
|----------------------|---------------------|---------------------|--------------|
| Unemployment: | Applicant #1 | Applicant #2 | Other |
| Monthly | _____ | _____ | _____ |

| | | | |
|-------------------------------|---------------------|---------------------|--------------|
| Worker's Compensation: | Applicant #1 | Applicant #2 | Other |
| Monthly | _____ | _____ | _____ |

| | | | |
|---------------------------|---------------------|---------------------|--------------|
| Disability Income: | Applicant #1 | Applicant #2 | Other |
| Monthly | _____ | _____ | _____ |

| | | | |
|---------------------------|---------------------|---------------------|--------------|
| Disability Income: | Dependent #1 | Dependent #2 | Other |
| Monthly | _____ | _____ | _____ |

Other Income (describe/amount/verification, for example OWF...etc.)

Total Monthly Income (Add all household monthly income together): \$ _____

Applicants must provide income verification to be eligible for funds.

Eligible income documentation includes, at a minimum, the following: copies of 3 consecutive pay stubs, Tax Returns, Social Security Benefit documents. Individuals self-employed must submit 3 months of bank statements and may black out other transactions on your report from your financial institution for privacy. Incomes considered include wages, pensions, social security payments, child support, welfare payments, rent payments, other public assistance, and any other income. As income limits are adjusted by household size, all members living in the household need to be included. Documentation of all these items, as applicable, is necessary to receive funds. Additional information may be requested to determine eligibility.

IV. PROPERTY OWNERSHIP

Is the property located in Mahoning County? Yes _____ No _____

- If yes, list the political subdivision (i.e. township, city or village)

- If no, please do not apply for funds and consider contacting your local health department to determine if they are participating in a similar program.

To be eligible a copy of the deed confirming proof of ownership must be included.

- Are you purchasing this property under land contract? Yes _____ No _____
If yes, include a copy of the land contract document(s).
- Is this property included in a trust? Yes _____ No _____
If yes, include a copy of the trust agreement documenting all owners and share of ownership.

| | |
|------|--|
| * | Section I - Personal Data If more persons in the household are employed, submit a separate sheet of paper with the appropriate information. |
| ** | Section II – Employment Previous items should be included when present information is less than two years. |
| *** | Section III – Income Verification Proof of income should be provided by attaching, at a minimum, copies of three consecutive pay stubs, 3 months of bank statements, tax returns and/or social security benefit documents, rental agreements, and/or welfare tax stubs, as applicable. |
| **** | Section IV – Property Ownership A copy of the deed may be obtained at Mahoning County Recorder at 120 Market Street, Youngstown, Ohio 44503, (330) 740-2345. To assist in locating the document have the book and page on which the deed is recorded or the date of the last sale. |

V. CERTIFICATION AND AUTHORIZATION BY APPLICANT(S)

Please read the following certification statement. If you do not understand any part of it or have any questions about what you are asked to sign, please contact The Mahoning County Public Health at (330) 270 - 2855 option #2 for assistance. All applicants must sign below.

The undersigned, _____
certify that the undersigned own the property located at _____
and acknowledge that all the information in the application for the Wastewater Pollution Control Loan Fund is true and complete to the best of their knowledge and understand this information is subject to verification.

The undersigned further certify, by applying for and entering into an agreement to utilize the Mahoning County Water Pollution Control Principal Forgiveness Loan Funds for the repair or replacement of the household sewage treatment system, we will comply with the following requirements and conditions:

- The property shall be owned by the undersigned, or the undersigned shall be the buyer under a land contract regarding the property, prior to application for or design or construction of the household sewage treatment system. A copy of the deed is attached;
- That any and all funds provided to the undersigned will be used only for the labor and materials necessary to accomplish the repair or replacement of the household sewage treatment system which will be described in the construction contract;
- Contractors, Board of Health, Ohio Department of Health, Ohio Environmental Protection Agency representatives or their duly authorized representatives shall have the right at all reasonable times to enter upon the project site(s) and project facilities, and to examine and inspect the project;
- Contractors, Board of Health, Ohio Department of Health, Ohio Environmental Protection Agency representatives or their duly authorized representatives shall have access to the work whenever it is in preparation or progress and that the undersigned will assist the contractor with such access and inspection until such time as the project is accepted and closed; and
- Any and all monies due to meet the match requirements (15% or 50%), if applicable, will be paid and acceptable documentation will be submitted to the approved contractor and the Board of Health in a timely and expeditious manner.

The undersigned authorize The Mahoning County Public Health, through its representatives and designees, to inspect and evaluate actual services provided to me. The undersigned understand that any and all information provided in this application may be used for that purpose.

The undersigned understand that the personal financial information contained in the application is necessary for evaluation of the application for rehabilitation assistance. This information, however, will remain confidential and will not be disclosed to the news media or other third parties. However, the undersigned further understand that the name, address and total amount of rehabilitation assistance will be subject to public disclosure since public funds are being utilized to rehabilitate the property.

Penalty for False or Fraudulent Statement. U.S.C. Title 18, Sec 1001, provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both"

Signature of Applicant #1 Date

Signature of Applicant #2 Date

Signature of Other Applicant(s) Date

AUTHORIZATION BY APPLICANT

I hereby authorize The Mahoning County Public Health to obtain verification of employment and financial information, if necessary.

Signature of Applicant #1 Date

Signature of Applicant #2 Date

Signature of Other Applicant(s) Date

Subscribed and sworn to before me this ____ day of _____, 20____

Notary Public

Seal of Notary:

WPCLF HSTS PROGRAM GUIDELINES

What are the eligibility criteria for homeowners to receive funding?

Homeowners may qualify within one of three tiers of funding, depending upon the size of their households, and their aggregate household income.

1. Homeowners whose household is composed of four persons or less, and whose incomes are at or below 100% of the U.S. Department of Health and Human Services 2020 Poverty Guidelines (\$26,200) will receive 100% of the eligible repair/replacement cost for the HSTS.
2. Homeowners whose households is composed of five or more persons, and whose aggregate household incomes are at or below the U.S. Department of Health and Human Services 2020 Poverty Guidelines shown in Table H-1 below will receive 100% of the eligible repair/replacement cost for the HSTS.

| TABLE H-1 | |
|---|--------------------------|
| WPCLF HSTS Principle Forgiveness | |
| Based Upon the 2020 U.S. Dept. of Health and Human Services Poverty Guidelines | |
| https://aspe.hhs.gov/poverty-guidelines . | |
| **These households will receive 100% funding | |
| Persons in Household | Poverty guideline |
| 1-4 | \$26,200 |
| 5 | \$30,680 |
| 6 | \$35,160 |
| 7 | \$39,640 |
| 8 | \$44,120 |
| For families with more than 8 persons, add \$4,480 for each additional person. | |

3. Homeowners whose households contain four or fewer persons and whose aggregate household incomes are between 100% and 200% of the Poverty Guidelines (\$26,200-\$52,400) will receive 85% of the amount for eligible repair/replacement costs.
4. Homeowners whose households are documented to include five or more persons, and whose aggregate household incomes exceed the maximum amounts shown in Table H-1 for the corresponding number of persons, may receive 85% of the eligible repair/replacement costs as principle forgiveness if their aggregate household incomes are less than the amounts shown in Table H-2 below.

| TABLE H-2 | |
|--|---------------------------|
| WPCLF Principle Forgiveness Program Guidelines for Households | |
| with Incomes Greater than \$52,400 | |
| **These households will receive 85% funding | |
| Persons in Household | Poverty guidelines |
| 1-4 | \$52,400 |
| 5 | \$61,360 |
| 6 | \$70,320 |
| 7 | \$79,280 |
| 8 | \$88,240 |
| For families with more than 8 persons, add \$4,480 for each additional person. | |

5. Homeowners whose households contain four or fewer persons and whose aggregate household incomes are between 200% and 300% of the Poverty Guidelines (\$52,400-\$78,600) will receive 50% of the amount for the eligible repair/replacement costs.

6. Homeowners whose households are documented to include five or more persons, and whose aggregate household incomes exceed the maximum amounts shown in Table H-3 for the corresponding number of persons, may receive 50% of the eligible repair/replacement costs as principal forgiveness if their aggregate household incomes are less than the amounts shown in Table G-4 below. Homeowners whose aggregate annual household incomes exceed \$132,360 are not eligible for HSTS Program principal forgiveness assistance.

| TABLE H-3 | |
|--|---------------------------|
| WPCLF Principle Forgiveness Program Guidelines for Households | |
| with Incomes Greater than \$78,600 | |
| **These households will receive 50% funding | |
| Persons in Household | Poverty guidelines |
| 1-4 | \$78,600 |
| 5 | \$92,040 |
| 6 | \$105,480 |
| 7 | \$118,920 |
| 8 | \$132,360 |

7. The local government agency has conducted a documented verification of the homeowner's household size and income using established processes for similar grant programs.
8. The local health district must document that the sewage system serving the home where the owner resides is failing or has failed.
9. The homeowner(s) receiving assistance has provided documentation that they are the titled owner(s) of the property where the sewage system will be improved.