

Stark County Health Department

*Kirkland Norris, RS, MPH, Health Commissioner
Philip Frances, President of the Board of Health
Maureen Ahmann, DO, Medical Director*



Public Health
Prevent. Promote. Protect.

April, 2016

Dear Stark County Home Owner:

The Stark County Combined General Health District has been awarded funding through the Ohio Water Pollution Control Loan Fund (WPCLF) from the Ohio Environmental Protection Agency to replace or repair failing sewage systems in the county. A total of \$300,000 is available for Stark County.

The eligibility requirements to qualify for this program include:

- The septic system serving the home must be failing or has failed
- The household must meet financial guidelines to cover 50%, 85% or 100% of the total cost (see guidelines on the application at www.starkhealth.org)
- Applicant must be the homeowner and occupy the dwelling
- Must be current on property taxes (located in Stark County)
- Must provide all appropriate documentation as indicated on the application

The Stark County Health Department will begin accepting applications on April 18, 2016, and will continue accepting applications for the duration of the program. Qualified applicants will be selected based on meeting all the eligibility requirements *and* on a first-come-first-serve basis. The application can be obtained at www.starkhealth.org. If you would like a hard copy of the application, please request one at our office during office hours (8 am-4:30 pm, Monday through Friday).

You must turn in your completed application with all required documentation to a Stark County Health Department employee at our office at 3951 Convenience Circle, NW, Canton, first floor. A department employee must witness the signing of the application (pg 4). Only one person must be present to sign in front of the employee, not both the owner and co-owner (although both signatures must be included, if applicable).

If you have questions regarding the application process, please contact one of the following:

- Steve Ling, 330-493-9904 x 220 or lings@starkhealth.org
- Kay Conley, 330-493-9904 x 231 or conleyk@starkhealth.org

If you have questions regarding your septic system, please contact one of the following:

- Todd Paulus, 330-493-9904 x 223 or paulust@starkhealth.org
- Your district Sanitarian (map and information enclosed)

We are pleased to be able to offer this program to help the residents of our health jurisdiction. Let me know if you have any additional questions or comments.

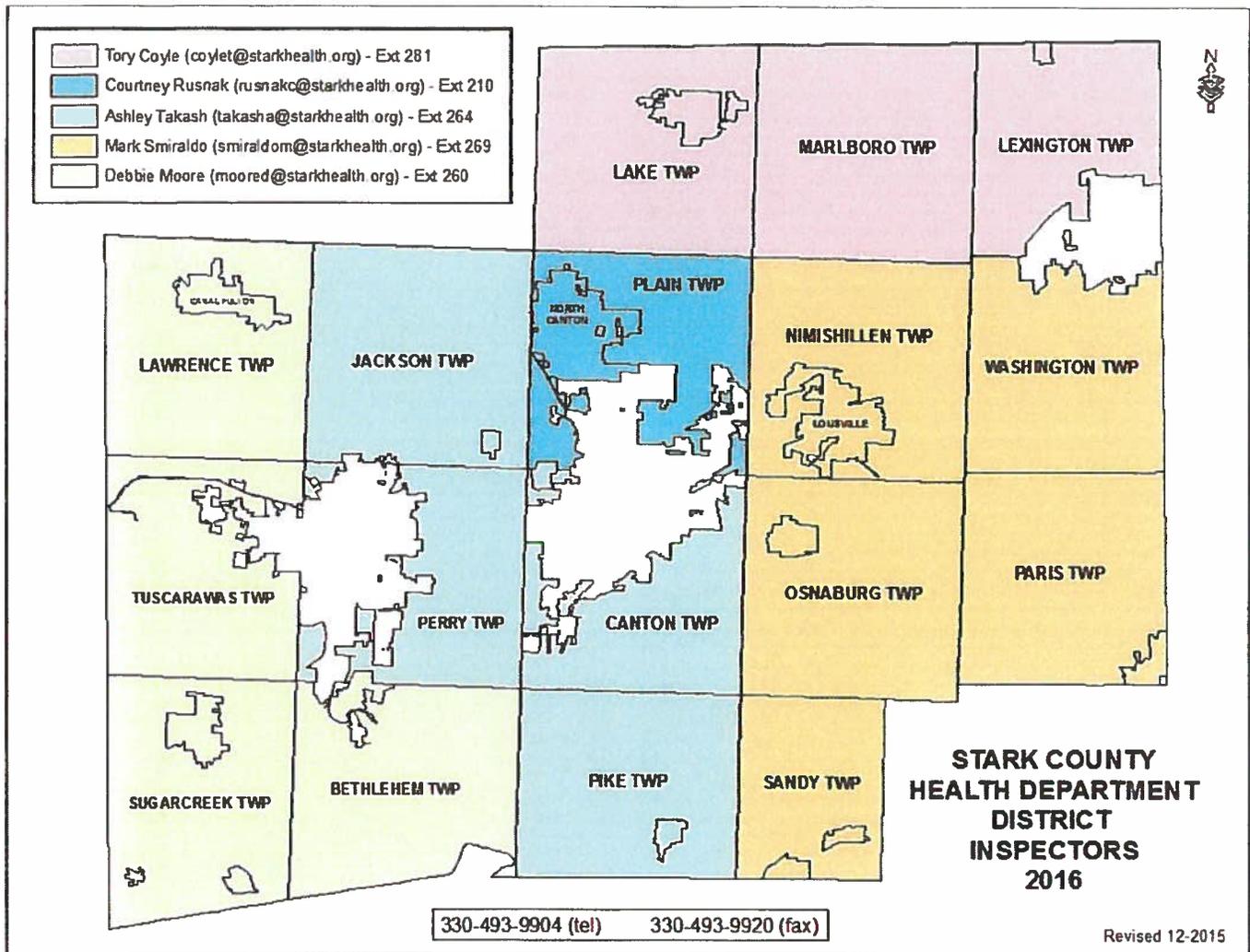
Sincerely,

Kirk Norris, MPH, RS
Health Commissioner

3951 Convenience Circle NW • Canton, Ohio 44718 • Tel 330-493-9904 • Fax 330-493-9920

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Additional Roles:

Courtney Rusnak, Sanitarian, extension 210: Pools and Spas, Bathing Beaches, Campgrounds, Commercial Sewage, Rabies

Courtney Myers, Sanitarian, extension 239: Operation and Maintenance Program, Property Transfer, Smoking Enforcement, Bed Bug Inquiries

Todd Ascani, Program Coordinator, extension 261: Property Transfer, Rabies, Commercial Sewage, Small Flow Sewage Systems, Campgrounds

Todd Paulus, Unit Manager, extension 223: All District Programs, and Plumbing

Stark County 2016 Home Sewage Treatment System (HSTS) Assistance Program: Owner Application

This application will be used to evaluate your eligibility for home sewage treatment system repair or replacement. The Stark County Health Department is administering this program which is funded through the Ohio Water Pollution Control Loan Fund (WPCLF) from the Ohio Environmental Protection Agency. Completing this form does not commit or obligate you in any way; additionally, your application does not guarantee you will be selected for the program.

Criteria for Qualification:

A. Income

Annual household income must be below those listed in the following table. If annual income is at or below those listed in Column A, 100% of the project costs will be paid. If annual income is at or below those listed in Column B, 85% of the project costs will be paid. If annual income is at or below those listed in Column C, 50% of the project costs will be paid.

Project costs not covered by the program must be paid in full prior to start of any work.

# of people in home	100% of project costs paid if annual income at or below:	85% of project costs paid if annual income at or below:	50% of project costs paid if annual income at or below:
1-4	\$24,250	\$48,500	\$72,750
5	\$28,410	\$56,820	\$85,230
6	\$32,570	\$65,140	\$97,710
7	\$36,730	\$73,460	\$110,190
8	\$40,890	\$81,780	\$122,670

B. Occupancy & Property Taxes

Applicants must be the homeowner and occupy the dwelling as their primary residence and be current on their property taxes. The property must be located in Stark County.

C. Nature of the Septic Repair

The dwelling must be in need of a septic repair/replacement. The nature of the required repair/replacement must serve to protect the health and/or safety of the household and the public.

D. Funded Applicant Responsibility

Upon completion of the system installation, an operation permit will be issued to the owner. The owner is responsible to maintain the sewage treatment system in accordance with Ohio Law and the conditions stated on the operation permit. ALL COSTS associated with the operation and maintenance of the system will be borne by the owner. Lastly, some systems, such as those utilizing aerobic treatment units, are required to maintain a service contract with a registered service provider for the life of the system. Costs associated with the service contract are also the responsibility of the owner.

APPLICANTS MUST SUBMIT THE FOLLOWING VERIFICATION DOCUMENTS:

HOME OWNERSHIP VERIFICATION

- A copy of the property deed in their name(s)
- A copy of the title to the home (if applicable)
- A copy of most recent paid property taxes (most recent copy)

INCOME VERIFICATION (please include all documents that apply to you)

- Provide proof of 2015 household income with copies of income taxes (or most recent)
- Provide proof of income with two (2) of your most recent paycheck stubs
- Social security award letter (most recent)
- Retirement benefits
- Disability
- Public (cash) assistance/Food stamps award letter
- Alimony
- SSI supplemental security income
- Child support
- Unemployment benefit
- Workers comp
- Profit loss statements for those who are self employed
- If no income –include letter stating how your bills are being paid, and how you are managing (food, etc...); letter needs to be dated and signed
- Past 2 months bank statements from checking and savings
- 401K statements, annuities, interest bearing account statements

Additional information may be requested if deemed necessary for your application.

ADDITIONAL INFORMATION:

- Grants will be provided to qualified household. For those who are only 85% or 50% eligible, the remaining funds (15% and 50%) must be paid in full before work can commence. No mortgages, deed restriction or paybacks of any type will be required.
- Application for the WPCLF 2016 Grant will be accepted through the duration of the grant period and assistance will be provided on **first-come-first-serve** basis to qualified households, until all funds are expended.
- Several sites will be bundled into one contract for bidding. The contractor with the most acceptable bid will be awarded the contract. The homeowner does not choose the contractor for the replacement/repair.
- The installation of a sewage treatment system will create a messy environment. Since soil takes time to settle, final grading may not take place for several months after the repair/installation work is completed, and your property may not be returned to its original condition including reseeded and/or landscaping.
- The Health Department is required to inspect all sewage treatment systems that are altered/installed within 12 months.
- Before any work can begin, permits must be obtained from the Health Department.

OWNER INFORMATION:

First Name	Last Name	Social Security #
Street Address		
City	State	Zip Code
Phone #	Alt. Phone	Date of Birth
E-mail Address:		
How many people live on the property? _____		
Marital Status: _____ Married _____ Separated _____ Unmarried _____ Divorced _____ Widowed		
Are you the owner occupant of the property: _____ Yes _____ No		
How long have you lived at this address: _____		Number of Bedrooms: _____
Employer Name:		
Employer Address:		
Length of Employment:		Annual Salary Amount: \$
Hourly Wage Amount: \$		Monthly Tips Received: \$
Other Wages (please list source & amount):		

Including yourself, please list the names, relationship, date of birth, and gross income of everyone living on the property. Please submit supporting documentations that are listed on page 2 for those over the age of 18 years currently occupying the property. Additional names may be listed on the reverse side.

Name	Relationship to you	SSN #	Date of Birth	Income Source	Total Amount for Last 12 Months

Please initial each section and sign at the bottom:

_____ I certify that I am not an employee or family member or any agent or official who exercises any functions or responsibilities in connection with the review or approval of the work completed under the WPCLF 2016 program.

_____ I understand that upon completion of the system installation, an operation permit will be issued to me. I understand I am responsible for maintaining the sewage treatment system in accordance with Ohio Law and the conditions stated on the operation permit. I understand I will be responsible for all costs associated with the operation and maintenance of the system. I also understand some systems, such as those utilizing aerobic treatment units, will be required to maintain a service contract with a registered service provider for the life of the system, and that I am responsible for all costs associated with the services contract.

_____ I understand that if I am eligible to receive 85%/50% principal forgiveness instead of 100%, I will pay the remaining 15%/50% project cost before work can begin.

_____ I understand that by signing this application I grant the Stark County Health Department and the Stark County Board of Health or their authorized providers access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. I understand that completing this application does not guarantee that my household will receive assistance. I understand that any authorized provider may rescind my contract if information is acquired which determines that my household is not eligible for services according to the rules of this program. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate, and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under Federal and State law for knowingly making false or fraudulent statements.

I hereby waive any and all present and future claims against the Stark County Health Department or any of the individual employees of the Stark County Health Department or any Board Members of the Stark County Health Department or any Companies and their employees working under a contract with the WPCLF 2016 for damages in any way connected with the repair for which I am making an application as a condition of receiving repair/replacement assistance. I understand that I have the opportunity to consult with an attorney before signing this waiver and application.

Owner Signature

Date

Co-Owner Signature (if applicable)

Date

If you do not understand any part of this application or have a question about what you are being asked to sign, please ask someone at the department to help you. By signing above you acknowledge your understanding of the application and verifications. Applicants/Owners must sign in INK in the presence of a Stark County Health Department employee.

Witness

Date