



Clermont County Public Health

Prevent. Promote. Protect.

October 27, 2017

Dear Homeowner:

Enclosed is the application packet for the 2018 Septic Rehab Program. This packet includes an application, list of reportable assets and a brief explanation of how the Septic Rehab Program works. A full copy of the Program Plan is available at www.ccpohio.org. Please refer to the green checklist for income guidelines and documentation that needs to be turned in with your application.

If you have applied for funding in the past but were denied, we encourage you to apply again. If your septic system is currently failing, it is important to submit this application before the deadline to avoid additional re-inspections and fees.

Applications should be returned to Clermont County Public Health, 2275 Bauer Road, Batavia, OH 45103 by Friday, December 29, 2017. Copies of income information for all adults in your household must be submitted with the application. **Your application will be considered incomplete and will not be considered if proof of income is not included.**

Staff is available to help you complete the application anytime during regular business hours. After-hours help sessions are scheduled for *November 8 and December 13, 2017 from 4:30pm to 6:30pm* at our office. Assistance will be provided on a first come, first served basis. After-hours help on other days is available by appointment. If you have any questions about the forms or about the program, please contact Karen or Katrina.

Sincerely,

Katrina Stapleton

Fiscal Officer

(513)732-7601

kstapleton@clermontcountyohio.gov

Karen Crump

Septic Rehab Coordinator

(513)732-7419

kcrump@clermontcountyohio.gov

APPLICATION CHECKLIST

- Completed application that is signed by all property owners listed on the deed.
 - **Names must be signed EXACTLY as they are listed on the deed**
 - If you answer *yes* to the question “Does your household have reportable liquid assets in excess of \$100,000?” verification of the assets must be included with the application. If your answer is *no*, additional asset verification is not needed.

- Proof of current salary, alimony, child support, ADC, Social Security and all other types of income must be included for **all residents of your household age 18 and over**. The total household income must be at or below the limits listed below. Acceptable proof of income can be either:
 - A copy of your 2016 federal income tax return **or**;
 - Pay stubs from the previous 3-6 months **and** a copy of your 2015 income tax return
 - If you are not required to file taxes, please submit a benefit verification letter or year-end statement from Social Security.

- All property taxes must be up-to-date. Any delinquent property taxes must be under an active payment plan. To check the status of your property taxes, visit clermontauditor.org or call (513)732-7150.

- All Public Health fees must be paid. Call (513)732-7499 to verify that fees are current.

- There can be no judgments on file with the courts against the property. (Tax liens, pending bankruptcy, etc.)

Income Qualifications

Household Size	1	2	3	4	5	6	7	8
Income Limit	\$41,850	\$47,800	\$53,800	\$59,750	\$64,550	\$69,350	\$74,100	\$78,900

Application help is available at the Clermont County Public Health Office, 2275 Bauer Road, Batavia, OH 45103 during regular business hours or after-hours by appointment. No appointment is needed for the after-hours help sessions scheduled for November 8 and December 13, 2017 from 4:30pm to 6:30pm.

The deadline to apply is December 29, 2017.

APPLICATION #: _____

DATE: _____

For Office Use Only

**APPLICATION FOR PARTICIPATION IN THE CLERMONT COUNTY
SEPTIC SYSTEM REHABILITATION FINANCING PROGRAM**

Name of Applicant(s): _____
(Name(s) must match those listed on the property deed)

Address: _____ **Township:** _____

City: _____ **Zip code:** _____

Phone #: _____ (Home) _____ (Work)

Email: _____

How do you prefer we contact you? ___ Phone ___ Email

Is this property an owner occupied, single-family dwelling? ___ Yes ___ No
(Properties held in land contract or trust and rental properties do not qualify grant funding)

Number of persons in household: _____
Adults (18 & over) Children

Does the number of adults listed differ from the income information provided? ___ Yes ___ No
If yes, please explain: _____
(Ex: Adult child in school)

Does the number of children listed differ from number of dependents on your tax return? ___ Yes ___ No
If yes, please explain: _____
(Ex: Child(ren) claimed by ex-spouse)

Annual Household Income: _____

* You must provide proof of income for **all** persons 18 and over residing in the home for 2016. Proof of income can consist of either:

- Completed 2016 tax return,

Or

- Pay stubs from the previous 3-6 months and a copy of your 2015 income tax return.

(Income includes: salaries, child support, Social Security, unemployment benefits, interest, dividends, etc.)

Do you have a total of reportable liquid assets in excess of \$100,000? ___ Yes ___ No

(A list of reportable assets is included in this application packet. Applicants with reportable liquid assets in excess of \$100,000 do not qualify for grant funding.)

Age of head of household: _____

Is the head of household handicapped or disabled? ___ Yes ___ No

(Age and disability status information may be used to refer applicants to other agencies or resources available to offer additional assistance with home repairs or accessibility issues to seniors or disabled persons.)

Is your septic system currently malfunctioning? ___ Yes ___ No

If yes, describe the problem and how long it has existed: _____

What steps have you taken to eliminate or minimize the problem? _____

Is this sewage system entirely within your property boundaries? ___ Yes ___ No

Are there any liens or judgments on file against this property or the property owners? ___ Yes ___ No
(Liens and judgments do not automatically disqualify you from the grant program but may need to be resolved before work will begin.)

Are the property taxes current? ___ Yes ___ No
(Property taxes must be current or an active payment plan must in place for delinquent taxes to qualify for grant funds.)

Are there outstanding fees due to Clermont County Public Health? ___ Yes ___ No
(All Public Health fees must be paid before work will begin.)

Is there a mortgage on the property? ___ Yes ___ No

Have you ever filed for or are you considering bankruptcy? ___ Yes ___ No
If yes, please give the dates, your attorney's name and address, and other pertinent details:

Within the past year have you or any member of your household been:

An elected official of Clermont County or any city or village therein? ___ Yes ___ No

A member of the administrative staff of Clermont County Public Health or the Clermont County Board of Health? ___ Yes ___ No

PLEASE READ BEFORE SIGNING

The applicant hereby certifies that all information in this application is given for the purpose of determining eligibility for participation in the Clermont County Septic System Rehabilitation Financing Program (SSRFP), and is true and complete to the best of the applicant's knowledge and belief.

Further, the applicant understands the purpose of the program, has read the Clermont County Septic System Rehabilitation Financing Program Plan and agrees to the conditions set forth in the Plan. Further, the applicant understands (he/she/they) may be required to furnish additional information and all other documents deemed necessary by the administration agency and/or the Septic System Rehabilitation Financing Committee to verify or confirm the applicant's income, property ownership and condition of the onsite sewage disposal system.

Furthermore, the applicant gives Clermont County Public Health (the administrating agency) permission to inspect the property listed above for the purpose of determining the severity of the public health nuisance. The applicant understands and agrees to perform any additional repairs/work required by Clermont County Public Health under this program and understands that any inspection finding unsafe or unhealthy conditions may result in orders issued by the Clermont County Board of Health.

The applicant understands that this is an application only and in no way commits the applicant, the Clermont County Commissioners, or the administering agency to any obligation to this program.

It is understood that any approval granted on the basis of false or inaccurate information supplied herein is automatically revoked and the applicant agrees to conform to all applicable laws of the State of Ohio and the County of Clermont.

Applicant's Signature

Date

Applicant's Signature

Date

Please Note: This application will not be accepted for the program if proper income documentation is not included with the application.

The deadline for submitting this completed application is December 29, 2017 at 4:30 p.m.

Statistical Data

Please check the appropriate boxes below. This optional information is to be used for statistical and report information only:

Is the head of household: Male Female

Are there any members of the household who are disabled? Yes No
If yes, how many _____

Applicant Ethnicity

- A. White
- B. Black or African American
- C. American Indian, Alaskan Native
- D. Asian
- E. Native Hawaiian or Other Pacific Island
- F. American Indian, Alaskan Native & White
- G. Black, African American & White
- H. American Indian, Alaskan Native & Black, African American
- I. Asian and White
- J. Other Multi-Racial

ETHNICITY: Hispanic or Latino Not Hispanic or Latino

Co-Applicant Ethnicity

- A. White
- B. Black or African American
- C. American Indian, Alaskan Native
- D. Asian
- E. Native Hawaiian or Other Pacific Island
- F. American Indian, Alaskan Native & White
- G. Black, African American & White
- H. American Indian, Alaskan Native & Black, African American
- I. Asian and White
- J. Other Multi-Racial

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APPLICATION #: _____

DATE: _____

ANNUAL INCOME NET FAMILY ASSETS

INCLUDE

1. Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. For savings accounts use the current balance. For checking accounts use the average 6 month balance.
 2. Cash value of revocable trusts available to the applicant.
 3. Equity in rental property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and all reasonable costs (e.g. broker fees) that would be incurred in selling the asset. Equity in the family's primary residence is not considered in the calculation of assets for owner-occupied rehabilitation projects.
 4. Cash value of stocks, bonds, Treasury bills, certificates of deposit and money market accounts.
 5. Individual retirement and Keogh accounts (even though withdrawal would result in a penalty).
 6. Retirement and pension funds.
 7. Cash value of life insurance policies available to the individual before death (e.g., surrender value of a whole life or universal life policy).
 8. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.
 9. Lump sum or one-time receipts such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.
 10. Mortgages or deeds of trust held by an applicant.
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EXCLUDE

1. Necessary personal property, except as noted in #8 of Inclusions, such as clothing, furniture, cars and vehicles specially equipped for person with disabilities.
2. Interest in Indian trust land.
3. Assets not effectively owned by the applicant. That is, when assets are held in an individual's name, but the assets and any income they earn accrue to the benefit of someone else who is not a member of the household and that other person is responsible for income taxes incurred on income generated by the asset.
4. Equity in cooperatives in which the family lives.
5. Assets not accessible to and that provide no income for the applicant.
6. Term life insurance policies (i.e., where there is no cash value).
7. Assets that are part of an active business. "Business" does not include rental of properties that are held as an investment and not a main occupation.

How does the Septic Rehab Program work?

