

# Portage County Combined General Health District

999 East Main Street, Ravenna, Ohio 44266

## 2025 WATER POLLUTION CONTROL LOAN FUND (WPCLF) HOUSEHOLD SEWAGE TREATMENT SYSTEM REPAIR AND/OR REPLACEMENT ASSISTANCE PROGRAM

The Portage County Water Pollution Control Loan Program (WPCLF) is a principal forgiveness program for low to moderate income homeowners for the repair and replacement of malfunctioning or prohibited household sewage treatment systems and or components. All properties must be owner-occupied and not offered for sale.

To apply, please complete the attached application in full and return along with the applicable documentation.

The program is administered on a first-come, first-served basis upon receipt of a complete application and supporting documentation. A complete submittal includes a signed, notarized application and all required documents. At a minimum, include:

- Proof of Homeowner's Insurance. **The current declarations page, not the entire policy**
- 3 months of current pay stubs for individuals working in the family over 18 years old.
- Most current SSI, Disability, Retirement/Pension, or letter providing monthly or yearly amount received. **(Most current documents with all pages.)**
- Checking, Savings, Certificate of Deposit, Assets, and Investments etc. statements. **(Most current 3 months; all pages including those intentionally left blank.)**
- Any other income sources that you may receive; i.e., weekly/monthly assistance from relatives. Please include a notarized letter stating the income source and amounts received.
- Self Employed* – provide the most recent 3 years of income tax returns.
- Attach a copy of the deed. Property must be owner-occupied.**

**SUBMIT APPLICATION TO**  
Neighborhood Development Services (NDS) located at  
120 East Main Street, Ravenna, Ohio 44266

Please direct questions or concerns about the income qualification process to Karisma Sanders at Neighborhood Development Services (NDS) at (330) 297-6400 ext. 248.

Please direct questions or concerns about the sewage treatment system and WPCLF program to  
Portage County Health District at  
(330) 296-9919 Ext. 124

# **Portage County Combined General Health District**

**999 East Main Street  
Ravenna, Ohio 44266**

## **2025 WATER POLLUTION CONTROL LOAN FUND (WPCLF) HOUSEHOLD SEWAGE TREATMENT SYSTEM PROGRAM INSTRUCTIONS**

**Applicants must provide property ownership and income verification to be eligible for funds.**

**Documentation of all these items, as applicable, is necessary to receive funds.  
Additional information may be requested to determine eligibility.**

<b>*</b>	<b>Section I - Personal Data</b> If more persons in the household are employed over the age of 18 years old, submit a separate sheet of paper with the appropriate information.
<b>**</b>	<b>Section II – Property Ownership</b> A copy of the title (deed) can be obtained from the Portage County Recorder at 449 South Meridian Street, 4 <sup>th</sup> Floor, Portage County Administration Building, Ravenna, Ohio 44266.  The home must be owner-occupied.
<b>***</b>	<b>Section III – Employment</b> Previous employment locations should be included when present employment is less than two years.
<b>****</b>	<b>Section IV – Income Verification</b> <b>Documentation per applicant</b> includes, at a minimum, the following: copies of 6 consecutive pay stubs, Social Security Benefit documents, bank statements, etc. Applicant may black out other transactions on your report from your financial institution for privacy. Incomes considered include wages, pensions, social security payments, child support, public assistance payments, rent payments, other public assistance, and any other income.  As income limits are adjusted by household size, all members living in the household must be included. Individuals self-employed must submit 3 months of consecutive bank statements and 3 consecutive years of tax returns
<b>*****</b>	<b>Section V – Applicant Certification and Authorization (notarized)</b>

**REMINDER: PLEASE PROVIDE ALL INCOME SOURCES IN THE HOUSEHOLD  
ONLY COMPLETED APPLICATIONS WILL BE REVIEWED & INCOME QUALIFIED**

## 2025 WPCLF HSTS PROGRAM INCOME GUIDELINES

### **What criteria will local government agencies use to verify homeowner income?**

Local government agencies must use methods accepted by federal government programs to verify income, and each homeowner(s) must demonstrate that their household income levels do not exceed the applicable program eligibility criteria.

### **What are the eligibility criteria for homeowners to receive funding?**

Homeowners may qualify for one of three tiers of funding, depending upon the size of their households, and their aggregate household incomes. The three tiers are based on U.S. Department of Health and Human Services Poverty Guidelines for 2024 which can be found @ <https://aspe.hhs.gov/poverty-guidelines>.

Homeowners whose incomes are at or below 100% of the U.S. Department of Health and Human Services 2024 Poverty Guidelines will receive 100% of the eligible repair/replacement cost for the HSTS.

Homeowners whose incomes are between 100% and 200% of the U.S. Department of Health and Human Services 2024 Poverty Guidelines will receive 85% of the eligible repair/replacement cost for the HSTS.

Homeowners whose incomes are between 200% and 300% of the U.S. Department of Health and Human Services 2024 Poverty Guidelines will receive 50% of the eligible repair/replacement cost for the HSTS.

**Table H-2, 2024 U.S. Department of Health & Human Services Poverty Guidelines for Households**

Persons in Family/Household	100% Poverty Guideline	100%-200% Poverty Guideline (85% PF)	200%-300% Poverty Guideline (50%)
1-4	\$31,200	\$62,400	\$93,600
5	\$36,580	\$73,160	\$109,740
6	\$41,960	\$83,920	\$125,880
7	\$47,340	\$94,680	\$142,020
8	\$52,720	\$105,440	\$158,160

For families with more than 8 persons, add \$5,380 for each person.

**2025 WATER POLLUTION CONTROL LOAN FUND (WPCLF)  
HOUSEHOLD SEWAGE TREATMENT SYSTEM PROGRAM  
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: \_\_\_\_\_

Name, Age & relationship: \_\_\_\_\_

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

**II. PROPERTY OWNERSHIP**

**Is the property located in Portage 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 there are other financial assistance programs.

**Confirm Proof of Ownership and Occupancy**  
**To be eligible the property must be owner-occupied\*\***

- Are you the current owner and occupy the home? Yes \_\_\_\_\_ No \_\_\_\_\_
- Are you the titled owner of the property? Yes \_\_\_\_\_ No \_\_\_\_\_
- 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.
- Is this a rental property? Yes \_\_\_\_\_ No \_\_\_\_\_
- Is the property currently for sale? Yes \_\_\_\_\_ No \_\_\_\_\_
- Is the property owner occupied? Yes \_\_\_\_\_ No \_\_\_\_\_  
Occupancy is determined by address verification on financial paperwork and auditor website.

**If the home is not owner-occupied or is being offered for sale, please do not apply for funds, and consider contacting the health district to determine if there are other financial assistance programs.**

**All documents are subject to review by legal counsel.**

**III. 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 (Before taxes)**

<b>Base Pay</b>	<b>Applicant #1</b>	<b>Applicant #2</b>	<b>Other</b>
Hourly	_____	_____	_____
Hours/week	_____	_____	_____
Weekly	_____	_____	_____
Every Two Weeks	_____	_____	_____
Twice a month (i.e., 1 <sup>st</sup> & 15 <sup>th</sup> )	_____	_____	_____
<b>Monthly</b>	_____	_____	_____

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<b>Pension(s)</b>	<b>Applicant #1</b>	<b>Applicant #2</b>	<b>Other</b>
Monthly	_____	_____	_____
From Whom	_____	_____	_____

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<b>Public Assistance:</b>	<b>Applicant #1</b>	<b>Applicant #2</b>	<b>Other</b>
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Monthly	_____	_____	_____
<b>Social Security Number:</b>	<b>Applicant #1</b>	<b>Applicant #2</b>	<b>Other</b>
<b>Social Security Received:</b>			
Monthly	_____	_____	_____
<hr/>			
<b>Child Support:</b>	<b>Applicant #1</b>	<b>Applicant #2</b>	<b>Other</b>
Monthly	_____	_____	_____
<hr/>			
<b>Rental Payment</b>	<b>Applicant #1</b>	<b>Applicant #2</b>	<b>Other</b>
Monthly	_____	_____	_____
<hr/>			
<b>Unemployment:</b>	<b>Applicant #1</b>	<b>Applicant #2</b>	<b>Other</b>
Monthly	_____	_____	_____
<hr/>			
<b>Worker's Compensation:</b>	<b>Applicant #1</b>	<b>Applicant #2</b>	<b>Other</b>
Monthly	_____	_____	_____
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<b>Disability Income:</b>	<b>Applicant #1</b>	<b>Applicant #2</b>	<b>Other</b>
Monthly	_____	_____	_____
<b>Disability Income:</b>	<b>Dependent #1</b>	<b>Dependent #2</b>	<b>Other</b>
Monthly	_____	_____	_____
<b>Other Income (describe/amount/verification, for example OWF...etc.)</b>			
_____			
_____			
<b>Total Monthly Income</b> (Add all household monthly income together): \$_____			

## **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 Portage County Combined General Health District at (330) 296-9919 ext. 111 for assistance. All applicants must sign below.

STATE OF OHIO )  
 )  
COUNTY OF PORTAGE ) SS.

The undersigned, \_\_\_\_\_  
certify that the undersigned own and occupy 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 Portage 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 and occupied by the undersigned, or the undersigned shall be the buyer and occupant under a land contract regarding the property, prior to application and during the complete design, installation and construction of the household sewage treatment system and until the project is closed and accepted.
- A copy of the title (deed) is attached, Trust documentation, and/or Land contract is attached as applicable;
- 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 at the time the contract is awarded unless otherwise agreed upon with PCHD. Acceptable documentation will be submitted to the approved contractor and the Board of Health in a timely and expeditious manner. Failure to make the required match constitutes a voluntary withdrawal from the WPCLF program.**

The undersigned authorize the Portage County Combined General Health District, 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".

## **AUTHORIZATION BY APPLICANT**

I hereby authorize the Portage County Combined General Health District, Portage County Prosecutor's Office, and/or Neighborhood Development Services to obtain verification of employment and financial information, if necessary.

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_ 2023

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## Notary Public

**Seal of Notary:**