Portage County Combined
General Health District
999 East Main Street | Ravenna, OH 44266
portagehealth.net | (330) 296-9919

# Application for Water Pollution Control Loan Fund

This application is used to determine eligibility for household sewage treatment system repair, replacement or connection to an existing sanitary sewer. The Portage County Health District (PCHD) is administering this program with funding through the Water Pollution Control Loan Fund (WPCLF) from the Ohio Environmental Protection Agency. Completing this application does not commit and/or obligate you in any way and is not a guarantee for funding assistance.

**All applications must be complete and include all of the following (where applicable):**

### Income Verification Documentation

- Copy of most recent income tax returns
- Two (2) months of recent pay stubs
- Monthly Social Security
- Monthly disability
- Monthly unemployment
- Monthly income from rental properties
- Any additional income
- Monthly pension

If claiming no income, include a signed and dated letter explaining how household bills are paid.

**Income Exclusion Note: Exclude income of children in the household who are working while enrolled in school, including high school or college.**

## 2025 WPCLF HSTS Program Income Guidelines

### Income Verification Criteria

Local government agencies must use methods accepted by federal government programs to verify income. Each homeowner must demonstrate that their household income does not exceed the applicable program eligibility criteria.

### Homeowner Eligibility Criteria

Homeowners may qualify for one of three funding tiers based on household size and aggregate household income. The tiers are based on the U.S. Department of Health and Human Services Poverty Guidelines for 2025.

- Household income at or below 100% of the 2025 Poverty Guidelines: 100% of the eligible HSTS repair/replacement cost.
- Household income between 100% and 200% of the 2025 Poverty Guidelines: 85% of the eligible HSTS repair/replacement cost.
- Household income between 200% and 300% of the 2025 Poverty Guidelines: 50% of the eligible HSTS repair/replacement cost.

| 2025 U.S. Department of Health & Human Services Poverty Guidelines | | | |
|---|---|---|---|
| **Persons in Family / Household** | **100% Poverty Guideline (100% PF)** | **100%–200% Poverty Guideline (85% PF)** | **200%–300% Poverty Guideline (50% PF)** |
| **1–4** | $32,150 | $64,300 | $96,450 |
| **5** | $37,650 | $75,300 | $112,950 |
| **6** | $43,150 | $86,300 | $129,450 |
| **7** | $48,650 | $97,300 | $145,950 |
| **8** | $54,150 | $108,300 | $162,450 |

For families with more than 8 persons, add $5,500 for each additional person.

*Source: U.S. Department of Health and Human Services, 2025 Poverty Guidelines.*

| Questions and Application Submission |
|---|
| **Questions:** For questions regarding this application or the WPCLF process, please contact William Duck, REHS, Water Quality Supervisor, Portage County Health District, wduck@portagehealth.net or at (330) 296-9919 extension 120 |
| **Completed Application Submission:** Completed applications must be submitted to the Portage County Regional Planning Commission. Please call to schedule an appointment for application submission.<br>**Portage County Regional Planning Commission**<br>449 S. Meridian Street, 6th Floor<br>Ravenna, OH 44266<br>Phone: (330) 297-3613 |

| Applicant Information | |
|---|---|
| **First Name:** | **Last Name:** |
| **Property Address:** | |
| **City:** | **State:** **Zip Code:** |
| **Township:** | **Parcel #:** |
| **Phone #:** | **E-mail:** |
| **Marital Status:** | **Number of Bedrooms:** |
| **Are you the homeowner and occupant of the property?** ☐ Yes ☐ No | |
| **Number of people living in the home:** | **Water Supply:** ☐ City ☐ Private Water System |

| Applicant Employment Information | |
|---|---|
| **Employer Name:** | **Employer Address:** |
| **Length of Employment:** | **Annual Gross Salary:**<br>**Hourly Wage:** |
| **List Other Wages or Sources of Income:** | |

## Other Household Members (Other than Above Applicant)

| Name | Relationship | Date of Birth | Income Sources | Total Income (last 2 months) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

***NOTE: Income verification for all the above listed household members must be provided with this application*. Exclude income of children in the household who are working while enrolled in school, including high school or college.**

## Supplemental Income Attachment

| **Additional Household Member Income #1** | |
|---|---|
| **Member Name:** | **Employer Name:** |
| **Employer Address:** | **Annual Gross Salary:**<br>**Hourly Wage:** |
| **List Other Wages or Sources of Income:** | |

| **Additional Household Member Income #2** | |
|---|---|
| **Member Name:** | **Employer Name:** |
| **Employer Address:** | **Annual Gross Salary:**<br>**Hourly Wage:** |
| **List Other Wages or Sources of Income:** | |

| Additional Household Member Income #3 | |
|---|---|
| **Member Name:** | **Employer Name:** |
| **Employer Address:** | **Annual Gross Salary:**<br>**Hourly Wage:** |
| **List Other Wages or Sources of Income:** | |

## Household Sewage Treatment System Information

**Has PCHD conducted a site visit and confirmed the HSTS is failing?** ☐ Yes ☐ No

**Is the property currently under enforcement by PCHD to repair/replace the HSTS or connect to sanitary sewer?** ☐ Yes ☐ No

**What type of HSTS is present at the property?**

Type response here:

**Please explain why you believe your sewage treatment system is failing.**

Type response here:

## Applicant Certification and Permission to Verify Income Information

**Please read the following statements, initial each section and sign below to acknowledge you understand the application process and the income verifications. If you have any questions, please contact the Portage County Health District (PCHD).**

_____ I certify that the information I have provided in this application is, to the best of my knowledge, true, accurate, and a complete disclosure of the requested information.

_____ I understand that if I am eligible to receive 85% or 50% principal forgiveness instead of 100%, I am required to pay the remaining project costs.

_____ I understand that I must allow PCHD, contractors and OEPA representatives to enter the property to make inspections.

_____ I understand that personal financial information contained in this application is necessary for the evaluation of my eligibility for the program. I understand that completing this application does not guarantee that my household will receive funding assistance. I understand that PCHD will rescind my application if information is acquired that determines that my household is not eligible for services according to the rules of the program.

_____ I understand that upon completion of the sewage treatment system repair/replacement, an Operation and Maintenance permit will be issued to me by PCHD. I understand that I am responsible for maintaining the sewage treatment system in accordance with Ohio and local laws and rules. I understand that I will be responsible for all costs associated with the proper operation and maintenance of the system including but not limited to any required service contracts.

_____ I hereby waive any and all present and future claims against PCHD, its employees and Board members for damages in any way connected with the work for which I am requesting grant funding assistance. I understand that I have an opportunity to consult with an attorney before signing this application.

_____ As an applicant for this program, I hereby give PCHD permission to contact my employer or other appropriate persons or companies to verify information I have provided and submitted as supporting documentation with this application. I also understand that my records may be released upon request pursuant to Ohio public records law.

| | |
|---|---|
| _____<br>**Owner Printed Name** | _____<br>**Date** |
| _____<br>**Owner Signature** | |