APPLICATION FOR HOUSEHOLD SEWAGE TREATMENT SYSTEM

SENECA COUNTY /HOME SEWAGE TREATMENT SYSTEM (HSTS)

PROPERTY INFORMATION			
First Name	M.I.	Last Name	Township
Property Address		City	Zip Code
Name of Property Owner on Record with County		Parcel #	
E-mail		Daytime Phone	
Household Size (total # of people living in the home)		Water Supply (City, Well, Cistern)	

WHY DO YOU BELIEVE YOUR SEPTIC SYSTEM IS FAILING

What is the approximate age of your existing septic system? _____Years

Do you have ponding sewage on your property? ☐ Yes ☐ No

How often does the ponding occur? _____

Is there an eminent safety issue? (i.e., tank lid collapse) ☐ Yes ☐ No

Have you received orders from the Seneca County General Health District ☐ Yes ☐ No

PERMISSION TO ENTER THE PROPERTY

I grant permission to all parties involved in the repair and replacement of my home sewage treatment system access to my property, including but not limited to the Seneca County General Health District, soil evaluator, sanitarian, system designer, installers bidding on the work and the installer, and their employees contracted to repair/replace the system.

☐ **I AGREE**

Please return to: Seneca County General Health District
92 E. Perry St.
Tiffin, OH 44883

SENECA COUNTY
General Health District
PREVENT. PROMOTE. PROTECT.

STATEMENT OF UNDERSTANDING

As an applicant for the Seneca County HSTS Grant Program, I/We hereby understand and agree to the following should my/our application be deemed eligible for grant funding and our construction project be "put out to bid":

1. Application shall be filled out completely and applicant/owner must be able to substantiate all data.
2. Must complete the enclosed income verification form and submit with this application.
3. Once applications are approved, all information will be submitted to professional soil evaluators, designers, and registered sewage treatment system installers to be bid out for the work on your household sewage treatment system (HSTS).
4. Selection of applicants will be first based on income at or below 100% of the poverty level. Applicants that meet this qualification will be qualified to have 100% of eligible costs of HSTS installation reimbursed to the contractor(s).
   **If selection of applicants includes those whose income is at or below 200% of the poverty level, they will be qualified to have 85% of eligible costs of HSTS installation reimbursed to the contractor(s).
   **If selection of applicants includes those whose income is at or below 300% of the poverty level, they will be qualified to have 50% of eligible costs of HSTS installation reimbursed to the contractor(s).
   ** Homeowners will be responsible for other costs not reimbursable to the contractor(s).
      ** A $200 Administration fee per septic system repair/install or sewer tap
      ** A $175 Operation and Maintenance Permit Fee
      ** Other fees when applicable, but not limited to this list
   **I/We understand that we will be required to provide the other costs and the specified match portion in the timeframe specified upon being notified before any work commences on the repair or installation of a new system on my property. This is not a guarantee of assistance until all applicable fees and match (if required) is paid.
5. I/We understand that the personal and financial information disclosed is necessary for evaluation and will remain confidential and is secured at all times and will not be disclosed to the news media or other third parties without my/our consent.
6. I/We understand that I/we have submitted an application for principal forgiveness/grant funding that the Seneca County Health General District and its authorized representatives, designees, and duly authorized agents are hereby acting as our agents in soliciting informal bids on the construction project.
7. I/We understand that I/We are responsible for preparing the construction site (i.e., fences, junk vehicles, etc.) within my/our means prior to construction.
8. I/We understand that the construction project will have a **ROUGH GRADE**. Rough Grade is **NOT** a finish grade. **It does not include re-seeding of grass, flowers, bushes, etc.**
9. I/We understand that if I/We have any questions regarding the construction we can contact the Sanitarian at the Seneca County General Health District at any time.
10. I/We understand the contractor is using heavy equipment and we are to be cautious to not jeopardize our safety and his liability interfering with him or his staff while they are doing their job in repairing my failing system.

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STATEMENT OF UNDERSTANDING ACKNOLEDGEMENT

Applicant Signature

Co-Applicant Signature

State of Ohio }
} ss
Seneca County }

Before me, a notary public, in and for said county and state, personally appeared

who acknowledged to me that he/she/they did execute the foregoing instrument and acknowledge his/her/their understanding of the statements herein stated.

IN TESTIMONY WHEREOF, I have subscribed my name and affixed my official seal this _____day of _____20_____.

Notary Public

ACCEPTANCE

I understand that completing this application does not entitle my household to funding from the Seneca County Home Sewage Treatment System Grant Program until this department has notified grant awardees in writing.

☐ **I understand**

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

☐ **I Certify**

Applicant Signature

Co-Applicant Signature

Date

Date

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PROOF OF INCOME

SENECA COUNTY HOME SEWAGE TREATMENT SYSTEMS (HSTS) GRANT PROGRAM

NAME:	DATE:
TELEPHONE:	CELL/OTHER:
ADDRESS:	SOCIAL SECURITY NUMBER:
CITY, STATE	ZIP CODE:

TOTAL HOUSEHOLD GROSS INCOME (before deductions). List all income on the same line as the person who receives it. ***INCLUDE INCOME VERIFICATION WITH APPLICATION.***

1. NAME (List all household members with income)	**2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED**		
	Earning from work before deductions	All other Income	Frequency of Income (Indicate frequency, such as "weekly" "bi-weekly" "monthly" "quarterly" "annually")
	$	$	
	$	$	
	$	$	
	$	$	
	$	$	

Must Provide Proof of Income by all household members earning income including the following documents:

- ☐ **Prior year W-2**
- ☐ **Four (4) consecutive weeks of pay stubs, stub must reflect year-to-date earnings.**
- ☐ **Monthly Social Security, Disability, Pension, and/or Unemployment if applicable.**

OFFICE USE ONLY

Total Income: _____ Per: ☐ Month ☐ Year Denied:_____ Approved:_____

Reason: _____ Approval Level:_____

Manager/Supervisor Signature: _____ Date:_____

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Household Sewage Treatment System Repair/Replacement Grant Income Eligibility
2025 Income Eligibility

Homeowners of a failing household sewage treatment system (HSTS) may qualify for one of the three tiers of funding depending upon the size of their household, and their combined household incomes. The three tiers are based on U.S. Department of Health and Human Services Poverty Guidelines for 2024.

Principal Forgiveness for Household at or below 100% of the 2024 US Department of Health and Human Services Poverty Guidelines

THESE HOUSEHOLD WILL RECEIVE 100% FUNDING FOR ELIGIBLE COSTS

Person in Household	Poverty Guidelines
1-4	$31,200
5	$36,580
6	$41,960
7	$47,340
8	$52,720
For families with more than 8 persons, add $5,380 for each additional person.	

Principal Forgiveness for Household between 100% and 200 % of the 2024 US Department of Health and Human Services Poverty Guidelines

THESE HOUSEHOLD WILL RECEIVE 85% FUNDING FOR ELIGIBLE COSTS

Person in Household	Poverty Guidelines
1-4	$62,400
5	$73,160
6	$83,920
7	$94,680
8	$105,400
For families with more than 8 persons, add $5,380 for each additional person.	

Principal Forgiveness for Household between 200% and 300 % of the 2024 US Department of Health and Human Services Poverty Guidelines

THESE HOUSEHOLD WILL RECEIVE 50% FUNDING FOR ELIGIBLE COSTS

Person in Household	Poverty Guidelines
1-4	$93,600
5	$109,740
6	$125,880
7	$142,020
8	$158,160
For families with more than 8 persons, add $5,380 for each additional person.	

Updated March 27, 2024