

# Erie County 2017 WPCLF HSTS Replacement Assistance

First Name

M.I.

Last Name

Property Address

Mailing Address (if different from Property Address)

City

State

Zip Code

Email Address

Daytime Phone

Is this application for a Sewer Tap-in or Home Sewage  
Treatment System (HSTS) Repair /Replacement?

Sewer Tap-in

HSTS Repair/Replacement

Name of Property Owner on Record with County

If applicant name and property owner name do  
not match, is there a legally filed Land  
Contract?

Yes

No

Is this property currently listed For Sale  
with a Realtor?

Yes

No

If this property is listed For Sale with a  
Realtor, what is your relationship to the  
property?

Buyer

Seller

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## Income Eligibility

**Income is determined by the total number of people living in the household. Please list below all persons living in the house including yourself. Age and Income information are also required for each person.**

Name ( start with applicant	Relationship to Applicant	Date of Birth	Receiving Income
		<input type="text"/>	Yes No
		<input type="text"/>	Yes No
		<input type="text"/>	Yes No
		<input type="text"/>	Yes No
		<input type="text"/>	Yes No
		<input type="text"/>	Yes No

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## Proof of Income

**Proof of income is REQUIRED for all household members 18 YEARS and OLDER by providing ONE of the following forms of income listed below. The income earner is asked to sign the form provided for their portion of the income.**

- Most Recent Tax Return (If self-employed, include Profit & Loss)
- 4 consecutive weeks of pay stubs (Pay Stub must include Year-To-Date earnings)
- Statement or Letter from Agency for monthly Social Security, Disability, Pension and or Unemployment
- Bank Statement showing interest earned or income deposits for one month (only if above are not available).

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## Why Do You Believe Your Septic System is Failing?

What is the approximate age of your existing septic system?

Do you have ponding sewage on your property?

How often does the ponding occur?

Is there an eminent safety issue? (example - tank lid collapse)

Have you ever received orders from the local Health Dept. to repair or replace your system?

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## Permission to Enter the Property

I grant permission to all parties involved in the repair or replacement of my home sewage treatment system access to my property, including but not limited to the county health department, representative(s) from the funding agency (Ohio EPA), soil evaluator, system designer, installers bidding on the work and the installer and their employees contracted to repair/replace the system.

I agree to allow entry to all listed above.

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## Acceptance

I understand that filling out this application does not entitle my household to funding from the Erie County 2017 WPCLF HSTS Replacement Assistance until WSOS Community Action Commission, Inc. has notified grant awardees in writing on behalf of the Erie County Health Department.

I Understand

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

I agree

Upon selection, I understand and agree to pay Erie County Health Department all monies required as administrative fees or matching funds, as notified to pay, based on my income eligibility percentage noted in the Letter of Approval. I further understand that bidding for any work will not commence until full payment of administrative fees being paid and tap-in, repair or replacement work will not commence until required matching funds have been paid in full to the Erie County Health Department.

I understand and agree

Signature

Date

Please send complete applications and income verification to:

Cindy Brookes

WSOS CAC, Inc.

P O Box 590

Fremont, OH 43420

Questions call: Cindy Brookes at (419)332-2078 or email [cabrookes@wsos.org](mailto:cabrookes@wsos.org).