

<p>Highland County General Health District  1487 N. High St. Suite 400  Hillsboro, OH 45133 Telephone:  (937) 393-1941 Fax: (937) 393-4694  Email:  <a href="mailto:info@highlandcountyhealth.org">info@highlandcountyhealth.org</a></p>	 <b>Public Health</b> Prevent. Promote. Protect.	<h1 style="margin: 0;">2023</h1> <h2 style="margin: 0;">WPCLF Guidance and Application Process</h2>
--	---	---

*As used in this document: WPCLF = Water Pollution Control Loan Fund; HCHD = Highland County Health Department; HSTS = Household Sewage Treatment System*

**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 2022 which can be found at: <https://aspe.hhs.gov/poverty-guidelines>.

Homeowners whose incomes are at or below 100% of the U.S. Department of Health and Human Services 2022 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 2022 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 2022 Poverty Guidelines will receive 50% of the eligible repair/replacement cost for the HSTS.

**Table H-2. 2022 U.S. Dept. of Health & Human Services Poverty Guidelines for Households**

Persons in Family/Household	100% Poverty Guideline (100% PF)	100%-200% Poverty Guideline (85% PF)	200%-300% Poverty Guideline (50% PF)
1-4	\$27,750	\$55,500	\$83,250
5	\$32,470	\$64,940	\$97,410
6	\$37,190	\$74,380	\$111,570
7	\$41,910	\$83,820	\$125,730
8	\$46,630	\$93,260	\$139,890

**For families with more than 8 persons, add \$4,720 for each person.**

**As part of the eligibility requirements:**

- ★ The HCHD has conducted a documented verification of the homeowner’s household size and income using established processes for similar grant programs.
- ★ The HCHD must document that the HSTS serving the home where the owner resides is failing or has failed.
- ★ The homeowner(s) receiving the assistance has provided documentation that they are the titled owner(s) of the property where the sewage system will be improved.

**How can the funds be used?**

Table H-1. Eligible expenses for HSTS principal forgiveness program.

Eligible	Typical Expenses
NO	Abandonment of drinking water well
YES	Administrative costs
NO	Annual Contractor permit fees
YES	Connecting a home with a failing HSTS to sewers (up to 50% of the total award)
YES	Connections and reconnections outside a home
YES	Correction of indoor plumbing issues <sup>1</sup>
YES	Demolition and abandonment of failing HSTS
YES	Design costs
YES	Health District plan review/permit fee
NO	Installation of an HSTS at a new home
YES	Installation of an HSTS at an existing home that never had a system installed
NO	Insurance costs
YES	NPDES permit fees <sup>2</sup>
NO	Operation and Maintenance permit fee
NO	Performance or payment bonds costs
YES	Site and soil survey
NO	Tax

<sup>1</sup> Costs associated with correction of indoor plumbing issues are eligible in certain instances. Eligible indoor plumbing corrections must be necessary for an on-site system to receive health district approval and must be itemized on the health district’s inspection report. Contractors must submit an itemized bid to the local government agency for these specific items. The local government agency must include the itemized bid with all other contract documents submitted to Ohio EPA for review and approval following bid opening and prior to contract execution. The itemized invoice from the contractor listing the indoor plumbing work must be included with a payment request.

<sup>2</sup> NPDES permit fees are eligible for reimbursement only for the first occurrence after the disbursement of these funds.

## As part of the eligible expense requirements:

- ☆ All work-related expenses requesting grant funding MUST BE **PRE-APPROVED** by the Ohio EPA & HCHD prior to work being started.

**What is the process and timeframe for funds distribution?** As payment requests that document costs incurred for individual HSTS improvements are submitted by the HCHD, Ohio EPA will review the submissions and will direct the disbursement of approved amounts to the HCHD. Payment requests will not be approved by Ohio EPA unless they include final inspection certifications from the local health district.

**Where will local homeowners apply for these funds?** A homeowner will apply to HCHD.

**Who will determine if the HSTS is failing?** The local health district where the system is located will evaluate the sewage system and document whether it meets the criteria for system failure established in the Ohio Revised Code, Ohio Administrative Code, and by the Ohio Department of Health

**What criteria will the health dept. 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 some of the responsibilities/requirements of the HSTS owner?**

1. Own a failing on-site or discharging HSTS.
2. Make application to the HCHD which has a WPCLF assistance agreement with Ohio EPA for the HSTS funding.
3. For those homeowners receiving 85% or 50% principal forgiveness, document the expenditure of 15% or 50%, respectively, of the cost of the project by direct cash payment, loans or grants from other local, state or federal programs or charitable organizations. If a cost is directly attributable and necessary for the HSTS improvements being installed, but is not eligible for principal forgiveness participation, the cost may be included as part of the 15% or 50% homeowner contribution to the project.
4. Obtain any required permits from the local health district in the case of a replacement discharging HSTS, the homeowner shall work with the local health district as needed to obtain an Ohio EPA NPDES permit.
5. Provide permission to the HCHD and the HSTS contractor for installation of a replacement HSTS or repair of an existing HSTS.
6. Obtain an operation permit as required by the local health district, and obtain a service contract for maintenance of the system, if required based on the type of system installation.

**What is the overall process?**

1. Submit attached application for financial assistance.
2. Have the HCHD evaluate the property's HSTS.
3. If approved for funding a letter will be sent to the homeowner regarding funding tier. *If ineligible, a letter will also be sent.*
4. Once a site evaluation with approved design has been completed, an Invitation To Bid will be sent to Highland County registered installers.
5. Bids submitted will be reviewed by the HCHD. The lowest bid will generally be chosen.
6. The Highland County Board of Health at their next monthly meeting will vote on a resolution to award the job to chosen contractor.
7. Paperwork will be forwarded to the Ohio EPA for review and possible approval.

8. If HCHD receives notification of approval, a Winning Bid letter will be sent to contractor.
9. Contractor must submit a Payment & Performance Bond to HCHD.
10. HCHD must open a purchase order and issue a Notice to Proceed to contractor.
11. Homeowner must purchase a Permit to Install.
12. If applicable, homeowner must pay contractor their portion of the job amount prior to contractor starting work. Documentation will need to be retained.
13. Any change of work or unable to complete during the established timeframe will need a Contract Change Order submitted to the Ohio EPA PRIOR to work done. Completed between the HCHD and Contractor.
14. Final inspection(s) will need to be done by the HCHD when work is complete.
15. Contractor will submit bill(s) to this office, and proof of homeowner's payment (if applicable).
16. HCHD will send reimbursement request to Ohio EPA.
17. Upon receipt of funds, HCHD will send out reimbursement portion to the contractor.

<p><b>Highland County General Health District</b>  <b>1487 N. High St. Suite 400</b>  <b>Hillsboro, OH 45133 Telephone:</b>  <b>(937) 393-1941 Fax: (937) 393-4694</b>  <b>Email:</b>  <a href="mailto:info@highlandcountyhealth.org">info@highlandcountyhealth.org</a></p>		<p><b>2023</b>  <b>HOMEOWNER</b>  <b>APPLICATION TO APPLY FOR</b>  <b>THE WPCLF ASSISTANCE</b></p>
---	---	--

**APPLICANT (Head of Household)**

Applicant Full Name		( <input type="checkbox"/> ) Male ( <input type="checkbox"/> ) Female	
Home Address	City	Zip	
Is this address your primary residence? (circle one) Yes No			
Home Phone	Cell Phone	e-mail address	
Marital Status: (circle one) Married, Separated, Widowed, Unmarried (Including Divorced)			Age
Employer:	Work Phone	# of years employed ___ Full Time ___ Part-time	
Employer Address	City	State	Zip

**CO-APPLICANT**

Co-Applicant Full Name		( <input type="checkbox"/> ) Male ( <input type="checkbox"/> ) Female	
Home Address	City	Zip	
Home Phone	Cell Phone	e-mail address	
Relationship to head of household?			
Is this address your primary residence? (circle one) Yes No			
Marital Status: (circle one) Married, Separated, Widowed, Unmarried (Including Divorced)			Age
Employer:	Work Phone	# of years employed ___ Full Time ___ Part-time	
Employer Address	City	State	Zip

**List additional persons living in hour household.:**

<b>OCCUPANT ID #*</b>	<b>PERSON'S NAME</b>	<b>RELATIONSHIP to head of household</b>	<b>AGE</b>	<b>EMPLOYED (YES/NO) –</b>
Occupant #3				
Occupant #4				
Occupant #5				
Occupant #6				
Occupant #7				

\* Use the occupant ID # to provide income information in the following income table.

If you need more room to list person's living at this household please list all pertinent information on an additional paper and submit with application.

<b>Income Verification Table Head of Household and additional occupants.</b>							
<b>Type of Income Amount indicate monthly or yearly</b>	<b>Head of Household</b>	<b>Co-Applicant</b>	<b>Occupant #3</b>	<b>Occupant #4</b>	<b>Occupant #5</b>	<b>Occupant #6</b>	<b>Occupant #7</b>
Base Employment (Gross salary) <b>per week</b>							
Pension /Retirement							
Dividends, Interest							
Social Security							
Child Support							
Alimony							
Unemployment							
Social Security Disability							
Welfare							
Rental Income							
Other							
<b>MONTHLY TOTAL per column</b>							
<b>YEARLY TOTAL per column</b>							
<b>Total household projected gross income for current year</b>							

**PROPERTY INFORMATION:**

Property Owner(s)		( <input type="checkbox"/> ) Male ( <input type="checkbox"/> ) Female	
Home Address			
City		State	Zip
Township		Auditor’s Parcel ID	
Type of Home: (circle one) Frame Brick Block Doublewide on Foundation Single wide on foundation Other: _____			
Year home was constructed:		Number of Bedrooms:	
Is the home the owner’s primary residence? (circle one) Yes No			
Have you had the property foreclosed upon? (circle one) Yes No			
If applicable is the current household sewage treatment system serving this household failing? (circle one) Yes No			
Has the Highland County Health Department performed an inspection of the system and found it to be failing? (circle one) Yes No If yes – provide attach a copy of the inspection report. If No, explain what is going on with your system.			
<b><u>If No, you will be required to have an evaluation done on your sewage treatment system. Form can be obtained on the HCHD website.</u></b>			
Additional comments you would like to provide regarding the issue(s) with the current systems/lack there of that is serving this household:			

**Documents to be included when submitting this application:**

- |  |
|--|
| <p><b>1. Proof of Income (most recent on all that are applicable)</b><br/>W-2’s; Federal Tax Return; Social Security Award Letter; 6 Most Current Pay Stubs</p>  |
| <p><b>2. Proof of Homeowners insurance</b> (Declaration page)</p>  |
| <p><b>3. Copy of Deed</b> (or Recorded Land Contract) – for verifying that applicant(s) is the legal owner(s) of the parcel and that they reside at the home where the failing septic system is located.</p> |

Please **BLACK OUT** all but the last 4 digits of any personal account numbers on your support documents.

<p><b>APPLICANT RELEASE TO OBTAIN VERIFICATION OF INCOME:</b> As an applicant to the WPLCF HSTS REPAIR/REPLACEMENT PROJECT, I (we) do hereby give my (our) permission to Highland County Health Department staff administering this Program to contact my (our) employer(s), or other person(s) or companies to verify information I (we have supplied the County concerning my (our) income, home ownership, and occupants as reported herein by me (us).</p>
<p><b>Applicant:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

I certify that I am not an employee or family member of any agent or official who exercises any functions or responsibilities in connection with the review or approval of the work completed under the WPCLF 2018 program.

Applicant:  Yes  No

**Total household projected gross income for current year:**

\$ \_\_\_\_\_

**Table H-2. 2022 U.S. Dept. of Health & Human Services Poverty Guidelines for Households**

Persons in Family/Household	100% Poverty Guideline (100% PF)	100%-200% Poverty Guideline (85% PF)	200%-300% Poverty Guideline (50% PF)
1-4	\$27,750	\$55,500	\$83,250
5	\$32,470	\$64,940	\$97,410
6	\$37,190	\$74,380	\$111,570
7	\$41,910	\$83,820	\$125,730
8	\$46,630	\$93,260	\$139,890

For families with more than 8 persons, add \$4,720 for each person.

**Please initial one of the following statements that applies to this application:**

<input type="checkbox"/>	I understand that if I am eligible to receive 100% of the principal forgiveness loan, the loan will cover eligible repairs/replacement costs. Refer to Table H for clarification
<input type="checkbox"/>	I understand that if I am eligible to receive 85% of the principal forgiveness. I will pay the remaining 15% project cost before work can begin. *
<input type="checkbox"/>	I understand that if I am eligible to receive 50% principal forgiveness. I will pay the remaining 50% project cost before work can begin. *
<input type="checkbox"/>	If I am eligible to received 50% or 85% principal forgiveness, I am not able to pay the remaining 50% or 15% project cost at this time. I understand I may not be able to proceed with the grant at this time depending on project costs.

\*This payment will be paid directly to the contractor.

**Certification and Waiver**

*I hereby certify that all the information contained in this application is true and complete to the best of my knowledge. I understand this information is subject to verification. I understand that completing this application does not guarantee that my household will receive assistance. I understand that any authorized provider may rescind my contract if information is acquired which determines that my household is not eligible for services according to the rules of this program. I understand that I may be held civilly and criminally liable under Federal and State law for knowingly making false or fraudulent statements.*

*I hereby waive any and all present and future claims against the Highland County Health Department or any of the individual employees of the Highland County Health Department or any Board Members of the Highland County Health Department or any companies and their employees working under a contract with the WPCLF 2020 program for damages in any way connected with the repair for which I am making an application as a condition of receiving repair/replacement assistance. I understand that I have the opportunity to consult with an attorney before signing this waiver and application.*

<b>APPLICANT (Head of Household) Signature:</b>	<b>Date</b>
<b>CO-APPLICANT Signature:</b>	<b>Date</b>
<b>WITNESS Signature:</b>	<b>Date</b>

Date submitted to HCHD: \_\_\_\_\_



**Office Use Only:**

<b>Office Use Only</b> <b>Administrative Summary</b>	<b>Soil Work</b>	<b>Design</b>	<b>Install/Repair</b>
WPCLF Project Job Number	Is soil work part of this contract for billing  ( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) NO	Is outside Design work part of this contract for billing  ( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) NO	Installation/repair part of contract for billing  ( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) NO
Applicant Name	Soil Evaluator Name:	Site Eval date:	1st Invitation to bid date
Location	EPA approval of bid date:	1st Invitation to bid date	Number of bids received
Applic. Date Received:	NOTICE TO PROCEED SENT	Number of bids received	Bid Due date
Date Reviewed:	Date of Soil Work	Bid Due date	2nd Invitation to bid date if needed or funding/fiscal year allows.
Deed Attached	Date soil report received:	2nd Invitation to bid date if needed or funding/fiscal year allows.	Number of bids received
Financial Records Attached	Invoice Received	Number of bids received	Bid Due date
Insurance cover sheet	Date submitted to EPA submit payment	Bid Due date	BOH Resolution Awarding Contract - meeting date
HSTS Failure Verified	EPA Design Payment	BOH Resolution Awarding Contract - meeting date	Designer Name
Reviewed By:	BOH meeting to approve payment	Designer Name	Winning Bid Letter sent
Application Complete:	Payment	Winning Bid Letter sent	Contract Received along with required documents
Outcome	Project Closed [Date]	Contract Received	EPA approval of bid
% Approved for if applicable	Grant year	EPA approval of bid	Notice to Proceed sent
Homeowner letter sent Approval % Letter - date mailed:	Bid out per year	Notice to Proceed sent	Date of Final Insp
Ohio EPA approval letter IF a NPDES is needed		Date of Design	STSOM Cert. issued

Date HCHD Site Evaluation completed	DESIGN APPROVAL or Disapproval - Sewage Committee Date	Invoice Received
Total number of occupants	Invoice Received	Who paid for permit to install?
Grant carry over year	Date submitted to EPA submit payment	Invoice Received
	EPA Design Payment	Date submitted to EPA submit payment
	BOH meeting to approve payment	EPA Design Payment
	Payment	BOH meeting to approve payment
	Project Closed [Date]	Payment
	Grant year	Project Closed [Date]
		Grant year
	Comments	