Clermont County Public Health

Prevent. Promote. Protect.

Dear Homeowner,

The application for the Septic Rehab Program is enclosed. The full program plan with additional information can be found at ccphohio.org/septic-rehab-program/. Eligibility requirements include:

1. Property must be an owner-occupied, single-family dwelling.
2. Recipients cannot be elected officials in Clermont County, members of the Board of Health, employees of Clermont County Public Health, or have held any of these positions in the past year.
3. The combined income for everyone 18 and older living in the home must be less than the following limits based on household size.

Household Size	1	2	3	4	5	6	7	8
100% Funding Income Limit	$61,550	$70,350	$79,150	$87,900	$94,950	$102,000	$109,000	$116,050
50% Funding Income Limit	$99,000	$99,000	$99,000	$99,000	$116,040	$133,080	$150,120	$167,160

4. The septic system must be malfunctioning.
5. No outstanding fees are owed to Clermont County Public Health. (Outstanding fees can be found at ccphohio.org/css/ or by calling 513-732-7499.)
6. No property taxes are due. (Property tax information can be found at clermontauditor.org or by calling 513-732-7150.)
7. There are no active state tax liens against the homeowner.

Applications should be returned to Clermont County Public Health, 2275 Bauer Road, Batavia, OH 45103. It's important to note that copies of income information for everyone over 18 in your household must be submitted with the application. **Your application will be considered incomplete and not be processed if proof of income is not included.** Proof of income is your most recent tax return or your most recent Social Security Statement if you are not required to file taxes. All qualifying applications will be evaluated in the order in which they are received.

Sincerely,

Katrina Stapleton
Fiscal Officer
kstapleton@clermontcountyohio.gov

REPORTABLE ASSETS

(used when answering question 6)

INCLUDE

1. Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. Use the current balance for savings accounts and the average 6-month balance for checking accounts.

2. Cash value of revocable trusts available to the applicant.

3. Equity in rental property or other capital investments. Equity is the estimated current market value of the asset, less the unpaid balance on all loans secured by the asset and all reasonable costs (e.g. broker fees) that would be incurred in selling the asset. Equity in the family's primary residence is not considered in the calculation of assets for owner-occupied rehabilitation projects.

4. Cash value of stocks, bonds, Treasury bills, certificates of deposit and money market accounts.

5. Individual retirement and Keogh accounts (even though withdrawal would result in a penalty).

6. Retirement and pension funds.

7. Cash value of life insurance policies available to the individual before death (e.g., surrender value of a whole life or universal life policy).

8. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.

9. Lump sum or one-time receipts such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.

10. Mortgages or deeds of trust held by an applicant.

EXCLUDE

1. Necessary personal property, except as noted in #8 of Inclusions, such as clothing, furniture, cars and vehicles specially equipped for people with disabilities.

2. Interest in Indian trust land.

3. Assets not effectively owned by the applicant. That is, when assets are held in an individual's name, but the assets and any income they earn accrue to the benefit of someone else who is not a household member, and that other person is responsible for income taxes incurred on income generated by the asset.

4. Equity in cooperatives in which the family lives.

5. Assets not accessible to and that provide no income for the applicant.

6. Term life insurance policies (i.e., where there is no cash value).

7. Assets that are part of an active business. "Business" does not include the rental of properties held as an investment and is not a main occupation.

APPLICATION FOR PARTICIPATION IN THE CLERMONT COUNTY SEPTIC SYSTEM REHABILITATION FINANCING PROGRAM

Return to Clermont County Public Health, 2275 Bauer Rd, Batavia, OH 45103

APPLICATION #:_____ DATE RECEIVED: _____

For Office Use Only

Name of Applicant(s): _____

Address: _____ **Township:** _____

City: _____ **Zip code:** _____

Phone #: _____ **Email:** _____

1) **Is this property an owner-occupied, single-family dwelling?** ☐Yes ☐No
(Rental property, property under land contract, and property classified as commercial are not eligible for assistance. A property held in trust may be eligible for assistance, provided the beneficiary resides at the property and can provide proof of permanent residency.)

2) **How many people live in the home?** _____ _____
Adults (18 & over) Children

3) **Does the number of adults listed differ from the income information provided?** ☐Yes ☐ No
If yes, please explain: _____
(Ex: Adult child in school)

4) **Does the number of children listed differ from the dependents on your tax return?**☐Yes ☐ No
If yes, please explain: _____
(Ex: Child(ren) claimed by ex-spouse)

5) **What is the annual household income?** _____
* You must provide proof of income for **all** persons 18 and over residing in the home. Proof of income can consist of either your completed most recent tax return or your most recent Social Security statement. Income includes salaries, child support, Social Security, unemployment benefits, interest, dividends, etc.

6) **Do you have a total of reportable liquid assets in excess of $100,000?**☐Yes ☐ No
(A list of reportable assets is included with the cover letter of this application packet. Applicants with reportable liquid assets of more than $100,000 do not qualify for grant funding. Proof of assets does NOT need to be submitted.)

7) **Is the system backing up into your home**? ☐ Yes ☐ No

8) **Have you been issued a Notice of Violation by our office?** ☐ Yes (Date Issued: _____) ☐ No

9) **Has your property been declared a Public Health Nuisance?** ☐ Yes (Date Declared: _____) ☐ No

10) **Are there outstanding fees due to Clermont County Public Health?** ☐ Yes ☐ No
(All Public Health fees must be paid before work begins.)

11) **Are the property taxes current?** ☐ Yes ☐ No
(Property taxes must be current or an active payment plan must be in place for delinquent taxes to qualify for grant funds.)

12) **Are there any tax liens or judgments on file against this property <u>or</u> the property owners?** ☐ Yes ☐ No
(Liens and judgments do not automatically disqualify you from the grant program but may need to be resolved before work will begin.)

13) **During the past year have you or any household member been elected officials of Clermont County or any township, village, or city therein?** ☐ Yes ☐ No

14) **Within the past year have you or any member of your household been a member of the Clermont County Public Health staff or the Clermont County Board of Health?** ☐ Yes ☐ No

<u>PLEASE READ BEFORE SIGNING</u>

The applicant hereby certifies that all information in this application is given to determine eligibility for participation in the Clermont County Septic System Rehabilitation Financing Program (SSRFP) and is true and complete to the best of the applicant's knowledge and belief.

Further, the applicant understands the purpose of the program, has read the Clermont County Septic System Rehabilitation Financing Program Plan found at www.ccphpohio.org and agrees to the conditions outlined in the Plan. Further, the applicant understands (he/she/they) may be required to furnish additional information and all other documents deemed necessary by the administration agency and/or the Septic System Rehabilitation Financing Committee to verify or confirm the applicant's income, property ownership and condition of the onsite sewage disposal system.

Furthermore, the applicant gives Clermont County Public Health (the administrating agency) permission to inspect the property listed above to determine the severity of the public health nuisance. The applicant understands and agrees to perform any additional repairs/work required by Clermont County Public Health under this program and understands that any inspection finding unsafe or unhealthy conditions may result in orders issued by the Clermont County Board of Health.

The applicant understands that this is an application only and does not commit the applicant, the Clermont County Commissioners, or the administering agency to any obligation to this program.

It is understood that any approval granted based on false or inaccurate information supplied herein is automatically revoked and the applicant agrees to conform to all applicable laws of the State of Ohio and the County of Clermont.

_____ _____

Applicant's Signature Date

_____ _____

Applicant's Signature Date

Please Note: This application will not be accepted for the program if proper income documentation is not included.

Statistical Data

Please check the appropriate boxes below. This optional information is to be used for statistical and report information only:

Is the head of household: ☐ Male ☐ Female

Are there any members of the household who are disabled? ☐ Yes ☐ No
If yes, how many _____

Applicant Ethnicity
- ☐ White
- ☐ Black or African American
- ☐ American Indian, Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Island
- ☐ American Indian, Alaskan Native & White
- ☐ Black, African American & White
- ☐ American Indian, Alaskan Native& Black, African American
- ☐ Asian and White
- ☐ Other Multi-Racial

ETHNICITY: ☐ Hispanic or Latino ☐Not Hispanic or Latino

Co-Applicant Ethnicity
- ☐ White
- ☐ Black or African American
- ☐ American Indian, Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Island
- ☐ American Indian, Alaskan Native & White
- ☐ Black, African American & White
- ☐ American Indian, Alaskan Native& Black, African American
- ☐ Asian and White
- ☐ Other Multi-Racial

For Office Use Only
APPLICATION #: _____