



FULTON COUNTY HEALTH DEPARTMENT

606 S. SHOOP AVENUE
WAUSEON, OHIO 43567-1712
TELEPHONE 419-337-0915
FAX 419-337-0561
WIC 419-337-6979
www.fultoncountyhealthdept.com
fhcd@fultoncountyoh.com

Funds Available for the Replacement of Household Sewage Treatment Systems

The Fulton County Health Department is asking for your assistance in identifying individuals that may qualify for a new funding source that will provide 50% to 100% of the cost of replacing or repairing a household sewage treatment system that is currently failing to operate. This funding was authorized through the EPA Water Pollution Control Loan Fund in cooperation with the Ohio Environmental Protection Agency (OEPA). \$108,000.00 has been allocated for Fulton County.

Individuals interested in this funding must meet the following criteria: The Fulton County Health Department must verify that the current home sewage treatment system is not working and requires repair or replacement. The individual must own and occupy the home. The individual must have an income level that is at or below 100% of the poverty level for 100% funding, at or below 200% of the poverty level for 85% funding and at or below 300% of the poverty level for 50% funding. The individual earning over 100% up to 300% of the poverty level must have the means to share in the cost of the sewage treatment system by providing 15% or 50% of the total cost. Costs of soil evaluation, design, site review, permit, and any other administrative fee will count toward meeting the property owner portion of the cost. The goal is to assist in funding the repair or replacement of at least 12 failing sewage treatment systems in Fulton County. Priority will be given to failing systems in the Swan Creek-Bad Creek watershed. However, all Fulton County applicants will be considered.

An application is posted on the website. For more information, contact Patricia Wiemken or Jeff Crisenbery at (419) 337-0915 or email (pwiemken@fultoncountyoh.com).



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Reviewed by: Health Dept. _____
Maumee Valley Planning _____

WPCLF Household Sewage Treatment System Funding Assistance Application

Water Pollution Control Loan Fund (WPCLF)

Household Sewage Treatment Systems Repair/Replacement Project

Completion of this application is for the purpose of determining eligibility for persons interested in funding assistance to repair or replace their household sewage treatment system.

Name of Property Owner(s): _____

Address: _____

Telephone _____ # of Person(s) Residing at the Above Address: _____

Income Verification

The Maumee Valley Planning Organization and the Fulton County Health Department will hold the following information in confidence.

Please provide copies of documents verifying your income from the **past** year.
This includes income from any source.

1. Social Security – (Statement of Benefits from Social Security)
2. Retirement – (copy of a check)
3. Interest from investments, savings, certificates, etc. – (copy of statements)
4. Income from real estate sales or rentals – (copy of payment schedule, income statements from holding company or copy of check)

Please provide your anticipated income for the **current** year.

Employment Income (monthly)	\$ _____
Social Security/Retirement/Pension (monthly)	\$ _____
Interest (monthly)	\$ _____
Real estate sales or rentals (monthly)	\$ _____
Other income (monthly)	\$ _____
TOTALS	
Monthly:	\$ _____
Yearly:	\$ _____



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Assets of Applicant(s)

Cash on hand and in accounts	\$ _____
U.S. Savings Bonds	\$ _____
Marketing Securities or Stocks	\$ _____
Equity in Real Estate	\$ _____
Other	\$ _____
TOTAL ASSETS:	\$ _____

Certification by Applicant(s)

The Applicant(s) certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding assistance through the WPCLF principal forgiveness loan and is true and complete to the best of the Applicant(s) knowledge and belief.

The Applicant(s) further certifies that he/she is the owner of the property described in this application and that the Applicant agrees to pay up to 50% of the project cost if Applicant does not meet the 100% poverty income levels.

Verification of any of the information contained in this application may be obtained from any source herein.

Owner(s) Signature:

Date:

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Section 101, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies....or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,0000.00 or imprisoned not more than five (5) years, or both."