



# PUBLIC HEALTH

11660 Upper Gilchrist Rd., Mount Vernon, OH 43050  
740-392-2200 ■ knoxhealth.com

## Water Pollution Control Loan Fund Eligibility Application

\*For the Repair or Replacement of a **Failed** Sewage Treatment System  
**or** for the Tie-in to Sanitary Sewer

### Qualification Requirements:

1. Property must be owner-occupied. Rental properties, new builds, and homes advertised for sale are not eligible: homes being purchased via Land Installment Contracts per ORC 5313 are eligible for the funding.
2. Assistance is based on household size and income.
  - a. US Dept. of Health and Human Services Poverty Guidelines.

**This application must be fully completed, signed, and all required documents submitted.**

### Property owner and property information.

Name		Email		
Address		City	State	Zip code
Home Phone # (    )	Cell Phone # (    )	Work Phone # (    )		
Are you the homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you reside at the address above? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the property titled in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How many people live in the household? _____.		Is the property under foreclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Proof and source of income (your previous year Income Tax Return is preferred)

1. You must provide proof of all income for anyone 18 years of age or older that lives in your household.
2. You must provide copies of documents that show income. These include payroll stubs (last 3), statements, letters, and any other income documents.
3. Please check the boxes below for all the sources of income for anyone 18 years of age or older that live in your household that you will be submitting with this application.

- Wages/Salaries     Unemployment Compensation     Retirement/Pension  
 Social Security     SSI     Disability     TANF     Child Support     Alimony  
 Rental Income     Last Year Income Tax Return     Stocks/MutualFunds/Bonds/Dividends  
 Other \_\_\_\_\_





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**Proof of Residency:**

1. Include one (1) copy of a previous month's utility bill (electric, gas, phone, or sewer bill) that shows the property owner name and address, and the billing address is the same.

**Gross Monthly Income per Resident** (please include name and age of Minor Dependents)

(For additional residents, please attach a separate sheet of paper)

Resident #1 Name:	Total Monthly Income \$
Resident #2 Name:	Total Monthly Income \$
Resident #3 Name:	Total Monthly Income \$
Resident #4 Name:	Total Monthly Income \$
Resident #5 Name:	Total Monthly Income \$

**Total:** \_\_\_\_\_.

The information submitted in and with this application will remain CONFIDENTIAL. This information will only be reviewed by Knox Public Health staff and Ohio EPA to determine eligibility income requirements for the sole purpose to qualify for assistance through the Water Pollution Control Loan Fund program.

I certify that the information contained in this application and all attached forms or documents are true and complete to the best of my knowledge, and that I have not knowingly withheld any information regarding any/all residents of my household and their income. I understand that this information is subject to verification. I understand that by signing this application, I am interested in participation in this assistance program and authorize Knox Public Health and/or its representatives or proposed contractors(s) to contact me and/or perform any necessary inspections or evaluations of your property related to the WPCLF program. I understand that any and all information provided in this application may be used for that purpose. By signing this application, I understand that I may be held civilly and/or criminally liable by Federal and State law for any knowingly submitted false and fraudulent statements or information.

\_\_\_\_\_  
Homeowner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-owner's Signature

\_\_\_\_\_  
Date

**Return to: Knox Public Health 11660 Upper Gilchrist Rd. Mt. Vernon, OH 43050**

**For office use only:**

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	KPH staff:	Percentage:	Date:
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