



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
fchd@fultoncountyoh.com

Water Pollution Control Loan Fund (WPCLF)

Assistance for Household Sewage Treatment Systems

What Is It?

The Ohio Environmental Protection Agency (OEPA) has set aside funds to assist qualified individuals to repair or replace failing household sewage disposal systems (HSTS). This fund will also assist qualified homeowners to connect to a municipal sewer system, if feasible. OEPA hopes to prevent public health risks that failing sewage disposal systems pose and improve the quality of water in lakes and waters of the state.

Who Qualifies?

The following criteria must be met:

1. The property owner must occupy the home.
2. The homeowner must be current on property taxes.
3. All occupants of the home must have a combined income level that meets the federal poverty level. (See attached for income guidelines.)
4. The HSTS must be not working properly, as determined by the health department.

The Process

1. Contact the Fulton County Health Department (FCHD) to obtain an application or visit the website.
2. The FCHD and Maumee Valley Planning Organization will verify income.
3. Registered contractors will submit estimates for the test hole excavation and for system installation. Estimates will be reviewed and contractors notified.
4. Contractors will be notified to sign contract.
5. System will be repaired or a new system will be installed.
6. Health Department will inspect and approve the system installation.
7. Payment is made to the contractor.

For More Information

Contact the Fulton County Health Department (419) 337-0915 or email Patricia Wiemken pwiemken@fultoncountyoh.com. Application is also available on the FCHD website www.fultoncountyhealthdept.com.



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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 2019, 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 2019 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 2019 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 2019 Poverty Guidelines will receive 50% of the eligible repair/replacement cost for the HSTS.

2019 U.S. Department of Health and 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	\$25,750	\$51,500	\$77,250
5	\$30,170	\$60,340	\$90,510
6	\$34,590	\$69,180	\$103,770
7	\$39,010	\$78,020	\$117,030
8	\$43,430	\$86,860	\$130,290

For families with more than 8 persons, add \$4,420 for each person.

Funded Applicant Responsibility

Upon completion of the system installation, an operation permit will be issued to the owner. The owner is responsible to maintain the sewage treatment system in accordance with Ohio Law and the conditions stated on the operation permit. All costs associated with the operation and maintenance of the system will be the responsibility of the owner.

For those who are eligible for only 85% or 50%, the remaining funds (15% and 50%) must be paid in full before the contract can be signed and work can commence. Due to unforeseen circumstances, a change order may be required to be filed by the contractor due to an increase in costs. In this case, the homeowner is responsible for paying their percentage of the cost assessed for the change order.



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Household Sewage Treatment System (HSTS) Repair/Replacement

Funding Assistance Application Form

Water Pollution Control Loan Fund (WPCLF)

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: _____

Tax Parcel ID _____ E-mail _____

Income Verification

The Fulton County Regional Planning Commission and 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. Income by all household members (W-2 forms) or Unemployment (statements)
4. Interest from investments, savings, certificates, etc. – (copy of statements)
5. 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 (monthly)	\$	_____
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, before the work can begin. If a project change order is required after this has been paid, the Applicant will be responsible for the percentage of the costs associated with this change order. 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 \$10,000.00 or imprisoned not more than five (5) years, or both."