



## Clermont County Public Health

Prevent. Promote. Protect.

November 12, 2021

Dear Homeowner:

Enclosed is the application packet for the 2022 Septic Rehab Program. This packet includes an application, list of reportable assets and a brief explanation of how the Septic Rehab Program works. A copy of the Program Plan is available at [www.ccphohio.org](http://www.ccphohio.org). Please refer to the green checklist for income guidelines and paperwork that needs to be turned in with your application.

If you applied for funding in the past but were denied, we encourage you to apply again. If your septic system is currently failing, it is important to submit this application before the deadline to avoid additional re-inspections and fees.

Applications should be returned to Clermont County Public Health, 2275 Bauer Road, Batavia, OH 45103 by **Monday, January 31, 2022**. Copies of income information for everyone over 18 in your household must be submitted with the application. **Your application will be incomplete and will not be considered if proof of income is not included.**

Staff is available to help you complete the application anytime during regular business hours. After-hours help is available by appointment. If you have any questions about the forms or about the program, please contact Katrina.

Sincerely,

Katrina Stapleton

Fiscal Officer

(513)732-7601

[kstapleton@clermontcountyohio.gov](mailto:kstapleton@clermontcountyohio.gov)

## **APPLICATION CHECKLIST**

- Completed and signed application.
  - If you answer **yes** to the question 7 “Does your household have reportable liquid assets in excess of \$100,000?” verification of the assets must be included with the application. If your answer is **no**, you do not need to submit any documentation.
  
- Proof of current salary, alimony, child support, ADC, Social Security and all other types of income must be included for **everyone in your household age 18 and over**. The total household income must be at or below the limits listed below. Acceptable proof of income can be either:
  - A copy of your 2020 federal income tax return that was filed in April 2021;
  - If you are not required to file taxes, please submit a benefit verification letter or year-end statement from Social Security.
  
- All property taxes must be up-to-date. Any delinquent property taxes must be under an active payment plan. To check the status of your property taxes, visit [clermtauditor.org](http://clermtauditor.org) or call (513)732-7150.
  
- All Public Health fees must be paid. Call (513)732-7499 to verify that fees are current.
  
- There can be no judgments on file with the courts against the property. (Tax liens, pending bankruptcy, etc.)

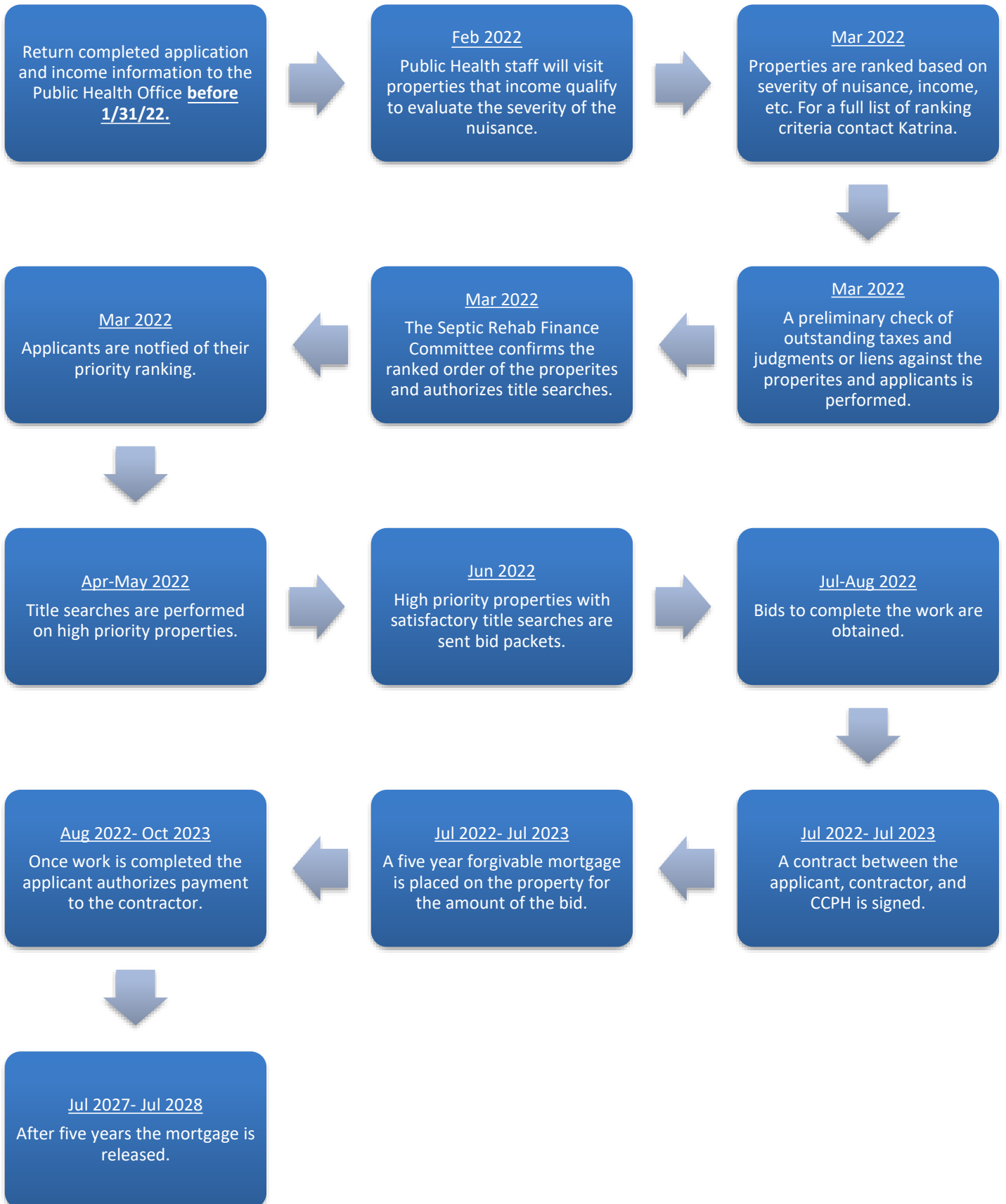
### **Income Qualifications**

<b>Household Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>100% Funding Income Limit</b>	\$47,850	\$54,650	\$61,500	\$68,300	\$73,800	\$79,250	\$84,700	\$90,200
<b>50% Funding Income Limit</b>	\$78,600	\$78,600	\$78,600	\$78,600	\$92,040	\$105,480	\$118,920	\$132,360

Application help is available at the Clermont County Public Health Office, 2275 Bauer Road, Batavia, OH 45103 during regular business hours or after-hours by appointment.

**The deadline to apply is January 31, 2022.**

# How does the Septic Rehab Program work?



## ANNUAL INCOME NET FAMILY ASSETS

### INCLUDE

1. Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. For savings accounts use the current balance. For checking accounts use the average 6 month balance.
  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.
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### EXCLUDE

1. Necessary personal property, except as noted in #8 of Inclusions, such as clothing, furniture, cars and vehicles specially equipped for person 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 member of the household 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 rental of properties that are held as an investment and not a main occupation.

APPLICATION #: \_\_\_\_\_

DATE: \_\_\_\_\_

**For Office Use Only**

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

Name of Applicant(s): \_\_\_\_\_

Address: \_\_\_\_\_ Township: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Email: \_\_\_\_\_

1) How do you prefer we contact you?  Phone  Email

2) 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.)

3) How many people live in the home? \_\_\_\_\_  
Adults (18 & over) Children

4) Does the number of adults listed differ from the income information provided?  Yes  No

If yes, please explain: \_\_\_\_\_  
(Ex: Adult child in school)

5) Does the number of children listed differ from number of dependents on your tax return?  Yes  No

If yes, please explain: \_\_\_\_\_  
(Ex: Child(ren) claimed by ex-spouse)

6) 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:

- Completed 2020 tax return,  
Or

- If you are not required to file taxes, please submit a current benefit verification letter or year-end statement from Social Security (Income includes: salaries, child support, Social Security, unemployment benefits, interest, dividends, etc.)

7) 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 in excess of \$100,000 do not qualify for grant funding.)

8) What is the age of the head of household? \_\_\_\_\_

9) What is the marital status of the head of household?  married  divorced and not remarried  
 widowed and not remarried  never married

10) Is the head of household handicapped or disabled?  Yes  No

(Age and disability status information may be used to refer applicants to other agencies or resources available to offer additional assistance with home repairs or accessibility issues to seniors or disabled persons.)

11) Is your septic system currently malfunctioning?  Yes  No

If yes, describe the problem and how long it has existed: \_\_\_\_\_

What steps have you taken to eliminate or minimize the problem? \_\_\_\_\_

- 12) Is this sewage system entirely within your property boundaries?  Yes  No
- 13) Are there any liens or judgments on file against this property or 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.)
- 14) Are the property taxes current?  Yes  No  
(Property taxes must be current or an active payment plan must in place for delinquent taxes to qualify for grant funds.)
- 15) Are there outstanding fees due to Clermont County Public Health?  Yes  No  
(All Public Health fees must be paid before work will begin.)
- 16) Is there a mortgage on the property?  Yes  No
- 17) Have you ever filed for or are you considering bankruptcy?  Yes  No  
If yes, please give the dates, your attorney's name and address, and other pertinent details: \_\_\_\_\_
- 
- 18) Within the past year have you or any member of your household been an elected official of Clermont County or any city or village therein?  Yes  No
- 19) Within the past year have you or any member of your household been a member of the administrative staff of Clermont County Public Health or the Clermont County Board of Health?  Yes  No

**PLEASE READ BEFORE SIGNING**

The applicant hereby certifies that all information in this application is given for the purpose of determining 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.ccpohio.org](http://www.ccpohio.org) and agrees to the conditions set forth 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 for the purpose of determining 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 in no way commits the applicant, the Clermont County Commissioners, or the administering agency to any obligation to this program.

It is understood that any approval granted on the basis of 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 with the application.

**The deadline for submitting this completed application is January 31, 2022 at 4:00 p.m.**

## 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 #: \_\_\_\_\_

DATE: \_\_\_\_\_