

Meigs County 2026-2027 Home Sewage Treatment System (HSTS) Assistance Program: Owner Application

This application will be used to evaluate your eligibility for home sewage treatment system repair or replacement. The Meigs County Health Department is administering this program which is funded through the Ohio Water Pollution Control Loan Fund (WPCLF) from the Ohio Environmental Protection Agency. Completing this form does not commit or obligate you in any way; additionally, your application does not guarantee you will be selected for the program.

Criteria for Qualification:

A. Income

Annual household income must be below those listed in the following table. If annual income is at or below those listed in Column A, 100% of the project costs will be paid. If annual income is at or below those listed in Column B, 85% of the project costs will be paid. If annual income is at or below those listed in Column C, 50% of the project costs will be paid.

Project costs not covered by the program must be paid in full prior to start of any work.

#of people in home	100% of project costs paid if annual income at or below:	85% of project costs paid if annual income at or below:	50% of project costs paid if annual income at or below:
1-4	\$ 33,000	\$ 66,000	\$ 99,000
5	\$ 38,680	\$ 77,360	\$ 116,040
6	\$ 44,360	\$ 88,720	\$ 133,080
7	\$ 50,040	\$ 100,080	\$ 150,120
8	\$ 55,720	\$ 111,440	\$ 167,160

B. Occupancy & Property Taxes

Applicants must be the homeowner and occupy the dwelling as their primary residence and be current on their property taxes.

C. Nature of the Septic Repair

The dwelling must be in need of a septic repair/replacement. The nature of the required repair/replacement must serve to protect the health and/or safety of the household and the public.

D. 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. Lastly, some systems, such as those utilizing aerobic treatment units, are required to maintain a service contract with a registered service provider for the life of the system. Costs associated with the service contract are also the responsibility of the owner.

APPLICANTS MUST SUBMIT THE FOLLOWING VERIFICATION DOCUMENTS:

HOME OWNERSHIP VERIFICATION

- A copy of the title to the home (if applicable)
- A copy of most recent paid property taxes (most recent copy)
- A copy of the property deed in their name(s)

INCOME VERIFICATION (please include all documents that apply to you)

- Provide proof of 2025 household income with copies of income taxes (or most recent)
- Social security award letter (most recent)
- Retirement benefits
- Disability benefits
- Alimony
- SSI supplemental security income
- Child support
- Unemployment benefit
- Profit loss statements for those who are self employed
- If no income -include letter stating how your bills are being paid, and how you are managing (food, etc.); letter needs to be dated and signed

Additional information may be requested if deemed necessary for your application.

ADDITIONAL INFORMATION:

- For those who are only 85% or 50% eligible, the remaining funds (15% and 50%) must be paid in full before work can commence. No mortgages, deed restriction or paybacks of any type will be required.
- Application for the WPCLF 2025 funding will be accepted through the duration of the funding period and assistance will be provided on **first-come-first-serve basis** to qualified households until all funds are expended.
- Several sites will be bundled into one contract for bidding. The contractor with the most acceptable bid will be awarded the contract. The homeowner does not choose the contractor for the replacement/repair.
- The installation of a sewage treatment system will create a messy environment. Since soil takes time to settle, final grading may not take place for several months after the repair/installation work is completed, and your property may not be returned to its original condition including reseeding and/or landscaping.
- The Health Department is required to inspect all sewage treatment systems that are altered / installed within 12 months.
- Before any work can begin, permits must be obtained from the Health Department.

OWNER INFORMATION:

First Name: _____ Last Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone # _____ Alt. Phone _____

E-mail Address: _____

How many people live in the house?

Marital Status: Married Separated Unmarried Divorced Widowed

Are you the owner occupant of the property: Yes No

How long have you lived at this address: _____ Number of Bedrooms: _____

Wages (please list source & amount) including yourself, please list the names, relationship, date of birth, and gross income of everyone living in the household. Please submit supporting documentations that are listed on page 2 for those over the age of 18 years currently occupying the property. Additional names may be listed on the reverse side.

Name	Relationship to you	Income Source	Total Amount for Last 12 Months
	SELF		

By signing below, I certify all information is true and correct to the best of my knowledge.

Signature of Applicant_____
Date