



Madison Soil and Water Conservation District

Water Pollution Control Loan Fund

2025 Application for Assistance

This application is used to determine eligibility for household sewage treatment system (HSTS) repair, replacement or connection to an existing sanitary sewer. Madison Soil and Water Conservation District is administering this program which is funded through the Water Pollution Control Loan Fund (WPCLF) from the Ohio Environmental Protection Agency. Completing this application does not commit or obligate you in anyway and it is not a guarantee for funding assistance.

Application Information:		
First Name:	Last Name:	Social Security Number:
Property Address:		
City/ Village/ Township:	State:	Zip Code:
Parcel Number:	Phone Number:	
Marital Status:	Are you the homeowner and occupant of the property?	
Water Supply (City, Well, Cistern, Etc.):		

Household Sewage Treatment System Information:

What is the approximate age of your existing system?

Do you have sewage “ponding” or surfacing on the ground?
If so, how often?

Is there an urgent safety issue (tank collapse)?
If so, please describe:

In addition to, or other than the above information why do you believe your system is failing?

Applicant Employment Information:

Employer Name:

Employer Address:

Length of Employment:

Annual Gross Salary:

Hourly Wage:

Monthly Tips (If Applicable)

Other Wages: (Please List)

Other Household Members: (Other than Above Applicant)				
Name:	Relationship:	Date of Birth:	Income Sources:	Total Income for the last 12 months?

Income verification for all the above listed household members must be provided with this application.

Agreement:

1. I/ We have read and agree to the rules pertaining to this program.
2. I/ We understand that applications will be scored based on time of application, income tier, and proximity to surface water, subject to eligibility and the availability of funds.
3. I/ We grant permission to Madison Soil and Water Conservation District, its staff and designees to enter onto our property for any purpose necessary for the facilitation of this program.
4. I/ We agree to pay any applicable cost share for the repair/ replacement of the system, including soil investigation and system design, before the commencement of any construction.
5. I/ We agree to hold harmless Madison County Commissioners, Madison Soil and Water Conservation District, Madison County Public Health, and Ohio Environmental Protection Agency including their supervisors, staff, and designees.

Signatures:

All persons holding an ownership interest in the property must sign below:

Owner 1.	Printed Name:	Signature:	Date:
Owner 2.	Printed Name:	Signature:	Date:
Owner 3.	Printed Name:	Signature:	Date:
Owner 4.	Printed Name:	Signature:	Date:

Required Documents:

- A. Home Ownership Verification
 - a. Copy of the property deed
 - b. Copy of the title to home, if applicable
 - c. Copy of paid property taxes
- B. Income Verification
 - a. Provide copies of the most recent tax year's tax return for each occupant receiving taxable income.
 - b. If you did not file taxes in the previous year, provide information on current income. This includes income from any source:
 - i. Social Security (statement of benefits from Social Security)
 - ii. Retirement (copy of check or deposit statement)
 - iii. Wages (copy of pay stubs)
 - iv. Interest from investments, savings, certificates, etc. (copy of statements)
 - v. Income from real estate sales or rentals (copy of payment schedule, income statements from holding company or copy of check)
 - vi. Please provide your anticipated income for the **current** year.
 - vii. If no income, include a letter stating how your bills are being paid. Sign and date the letter.

Employment Income: \$ _____

Social Security: \$ _____

Retirement/ Pension (monthly): \$ _____

Total Monthly: \$ _____

Program Requirements:

1. Cooperate with the CONTRACTOR to facilitate the performance of the work, including the removal and replacement of any items that could obstruct the completion of the system.
2. Make the subject premises available for the HSTS Installation from the date of the contract acceptance until the completion thereof.
3. Permit the CONTRACTOR to use, at OWNER'S cost, existing utilities such as light, power, heat, and water necessary to the carrying and completion of the work.
4. Maintain household insurance upon the subject premises in an amount equivalent to the value of the property. After completion of the HSTS installation, the OWNER should notify his Homeowner's Insurance agent to determine if additional coverage should be secured and added to the home insurance policy to cover the HSTS installation.
5. Make the subject premises available for inspection by the MSWCD and/ or a representative of the Ohio EPA for a period of one (1) year after the completion of work at the job site.

Applicant Acknowledgement: _____

Date: _____

Applicant Certification and Permission to Verify Income Information

_____ Please read the following statements, initial each section, and sign below to acknowledge you understand the application and the verifications.

_____ I certify that the information I have provided in this application is, to the best of my knowledge, true, accurate, and complete disclosure of the requested information.

_____ I understand that if I am eligible to receive 85%, or 50% principal forgiveness instead of 100%, I am required to pay the remaining 15% or 50% respectively, of the project costs at least 14 days before any work can begin.

_____ I understand that I must allow MCPH contractors, and Ohio Environmental Protection Agency (OEPA) representative to enter the property to make inspections.

_____ I understand that the personal financial information contained in this application is necessary for the evaluation of my eligibility for the program. I understand that completing this application does not guarantee that my household will receive funding assistance. I understand that MSWCD may rescind my contract if information is acquired that determines my household is not eligible for services according to the rules of the program.

_____ I understand that upon completion of the sewage treatment system repair/ replacement an Operation and Maintenance permit will be issued by MCPH. I understand that I am responsible for maintaining the treatment system in accordance with Ohio and local laws and regulations. I understand that I will be responsible for all costs associated with the proper operation and maintenance of the system. I also understand that some systems, such as those utilizing aerobic treatment units, will be required to maintain a service contract with a registered service provider for the life of the system and that I am responsible for all costs associated with the service contract.

_____ I hereby waive any and all present and future claims against Madison Soil and Water Conservation District, its employees and Board members for the damages in any way connected with the work for which I am requesting assistance. I understand that I have an opportunity to consult with an attorney before signing this certification.

_____ As an applicant for this program, I hereby give my permission to Madison Soil and Water Conservation District administering the program to contact my employer or other appropriate persons or companies to verify information I have provided and submitted as supporting documentation with this application. I also understand that my records may be released upon request pursuant to public records law.

Applicants Signature: _____ Date: _____

WPCLF/ HSTS Information and Regulations 2025

1. Funds are provided through the Ohio Environmental Protection Agency (OEPA) Division of Environmental and Financial Assistance (DEFA) Water Pollution Control Loan Fund (WPCLF).
2. Program is administered by the Madison Soil and Water Conservation District (MSWCD) with cooperation of Madison County Public Health (MCPH).
3. Deadline for submittal of applications is until further notice.
4. Applicants must own and occupy a residence located in Madison County with no household on-site sewage system or with a household on-site sewage system that is certified as “failing” by MCPH. If the house is currently listed for sale during anytime of this process the homeowner will be deemed ineligible.
5. Applications will be processed based on time of application, income tier, responsiveness, eligibility, and availability of funds.
6. Applicants must have a household income that is equal or less than 300% of the Federal Poverty Guidelines in order to be eligible. The complete income eligibility rules may be found in “WPCLF Final Program Management Guide, Direct Financial Assistance for Repair/ Replacement of Failing Household Sewage Treatment Systems”.
7. Applicant(s) grant(s) permission for installation of a replacement sewage treatment system or repair of an existing sewage system and for any access to the property necessary for conducting this program.
8. All plans for repair/replacement of the HSTS must be approved by MCPH. The cost for obtaining all required permits/notices/reviews will be included in the total cost of construction.
9. This is a cost share program. WPCLF funds may be used to pay for either 100%, 85%, or 50% of the total cost of the repair/ replacement of qualifying projects depending on the applicant’s income eligibility. Where applicable, applicants must pay 15% or 50% of the total cost into an escrow account held by MSWCD prior to the commencement of any construction on their system. Deposits for preliminary soils investigation and or system design shall be required where applicable.
10. Applicant will be liable for all incurred project costs in the event applicant withdraws from the program prior to completion of project construction.
11. Bids for construction will be solicited by MSWCD. MSWCD will evaluate bids and award contracts for construction. All bids must comply with the WPCLF requirements. Bidding installers must be registered with MCPH. MSWCD reserves the right to reject any/ or all bids.
12. Applicant(s) agree(s) to hold harmless and defend Madison County Board of Commissioners, Madison Soil and Water Conservation District, Madison County Public Health, and Ohio Environmental Protection Agency, including their supervisors, staff, and designees.

I have read, understand, and agree to the above information and rules for the Madison County WPCLF Program

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

Contact Emma Ryan of Madison SWCD at emma.ryan@oh.nacdnet.net or 740-852-4003 for more information.

Return completed application to:

Emma Ryan

Madison Soil and Water Conservation District

831 US HWY 42 NE

London, OH 43140

Office Number: 740-852-4003

Applicants will be contacted by Emma Ryan at Madison Soil and Water Conservation District (MSWCD) to confirm eligibility.

Any questions or concerns can be forwarded to Emma Ryan at emma.ryan@oh.nacdnet.net

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Application Received: