MONTGOMERY COUNTY
HOUSEHOLD SEWAGE TREATMENT SYSTEM
UPGRADE PROGRAM
2018-2019

HOMEOWNER APPLICATION FOR ASSISTANCE

I/we, __________________________________________________________,

Printed name(s)

hereby apply for financial assistance through the Montgomery County Household Sewage Treatment System Upgrade Program for alteration or replacement of failing household sewage treatment systems, with funding provided through a Water Pollution Control Loan Fund grant from the Ohio Environmental Protection Agency (OEPA) and administered by Public Health – Dayton & Montgomery County. (PHDMC)

By signing this application, I/we acknowledge that I/we understand the following:

• That receipt of financial assistance will only be awarded if I/we meet the income eligibility requirements of the Program;
• That I/we may be eligible for 100%, 85%, 50%, or no funding assistance through the Program, depending on confirmed household income;
• That I/we must have my/our income eligibility reviewed and confirmed by County Corp, (the Montgomery County development corporation) and must:
  o Pay a non-refundable review fee of $25 to County Corp, and
  o Submit to County Corp the financial documents (pay stubs, bank statements, etc.) needed to confirm income eligibility;
• That if my/our eligibility for assistance is determined to be less than 100%, I/we will be responsible for providing the remainder of the repair cost; (a cashier’s check for the homeowner’s cost-share amount must be submitted before the construction contract can be executed; cost-share will be held in escrow until the construction work is completed and approved);
• That the necessary system upgrade specification will be determined by a certified soil scientist and system designer under contract to PHDMC, and in accordance with standards in the Ohio Sewage Treatment System Rules, Ohio Administrative Code 3701-29;
• That the alteration or replacement of my sewage treatment system will be performed by qualified contractor(s) selected and hired by PHDMC, and who are properly registered, bonded, insured, and who obtain all necessary permits. (Contractor selection will conform to standards for competitive contracting prescribed in the Ohio Revised Code.)

(over)
I/we also grant the right to enter onto my/our property as needed by PHDMC staff, the soils/design consultant(s), cost quoting contractors, construction crew, and representatives of the Director of the Ohio EPA, for the purposes of site and soils evaluation, plan review, cost quoting, construction, system inspection, and for confirming compliance of all parties with Program requirements.

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<tr>
<th>House No.</th>
<th>Street Name</th>
<th>Township/Municipality</th>
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Owner’s Signature ____________________________ Date ____________________________

Owner’s Signature ____________________________ Date ____________________________

Owner’s Mailing Address:

Name ____________________________

Street ______________________________________________________________________

City, State, Zip ______________________________________________________________________

Phone Number ____________________________

Email address ____________________________

*Return completed application to:

Public Health – Dayton & Montgomery County
117 South Main Street
Dayton, Ohio 45422
Attn: Private Water and Sewage Program

Please Note:

- A copy of the recorded deed to the property must accompany this application; [A copy of your deed may be obtained from the Montgomery County Recorder’s Office, 451 W. Third St., Dayton, Ohio; (937)225-4275]

- There is no fee to apply for the Program; there is a non-refundable fee of $25 for the income verification, which you pay directly to County Corp when submitting your income documents. (They will accept a check or money order—but no cash or charge.)