

**WATER POLLUTION CONTROL LOAN FUND APPLICATION**

I/we, \_\_\_\_\_, do hereby apply for financial assistance for the repair, replacement, installation of a household sewage treatment system for my residence at \_\_\_\_\_, \_\_\_\_\_ (Twp. or Village). I certify that I currently reside in the home and am the owner and holder of the title to the residence. I attest that I have submitted an accurate and current statement of my annual income which establishes compliance with the financial conditions of the principal forgiveness loan as provided by the Water Pollution Control Loan Fund through the Ohio EPA. I understand that a condition of the loan is the commitment of a 15% or 50% matching contribution to the total cost of the work to repair, replace or install a household sewage treatment system that meets the requirements of the Marion County Health Department and Ohio Department of Health Household Sewage Treatment System Rules, Chapter 29 of the Ohio Administrative Code. I further understand that it is my responsibility to secure and provide to the health department documentation showing the contributing cost share. I have been advised that upon approval of the work and presentation of all necessary documentation the installer will be reimbursed the amount of the charge for the installation not covered by the 15% or 50% matching contribution as the home owner cost share. I understand that if I am below the poverty guidelines, the loan is 100% forgivable. My phone # \_\_\_\_\_ & email is \_\_\_\_\_.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**HEALTH DEPARTMENT USE**

Certification of Failure \_\_\_\_\_ by \_\_\_\_\_

Income Verification \_\_\_\_\_ by \_\_\_\_\_

Documented 15%/50% Cost Share \_\_\_\_\_ by \_\_\_\_\_

Permit Issued \_\_\_\_\_ by \_\_\_\_\_

Installer \_\_\_\_\_

Plan Approved \_\_\_\_\_ by \_\_\_\_\_

Installation Final Inspected \_\_\_\_\_ by \_\_\_\_\_

OWNER OCCUPANT INFORMATION  
 PRELIMINARY APPLICATION - PUBLIC HEALTH DEPT.  
*(Submission of application does not guarantee rehabilitation assistance)*  
*(Equal Housing Opportunity)*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ Other

EMAIL: \_\_\_\_\_

Table H-2. 2026 US Dept. of Health & Human Services Poverty Guidelines for Households

Persons in Family/Household	100% Poverty Guideline (100% PF)	100%-200% Poverty Guidelines (85 PF)	200%-300% Poverty Guideline (50% PF)
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

For families with more than 8 people, add \$5,680 for each person

NUMBER OF PEOPLE IN HOUSEHOLD \_\_\_\_\_

NUMBER OF ELDERLY (65+) IN HOUSEHOLD \_\_\_\_\_

AGE OF RESIDENTS: HIS: \_\_\_\_\_, HERS: \_\_\_\_\_,  
 CHILDREN OR OTHERS: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

NUMBER OF HANDICAPPED PEOPLE IN HOUSEHOLD \_\_\_\_\_

FEMALE HEADED HOUSEHOLD? \_\_\_\_\_ YES \_\_\_\_\_ NO

ANY HISTORY OF LEAD POISONING IN THE HOUSEHOLD? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 IF YES, EXPLAIN \_\_\_\_\_

MORTGAGE PER MONTH: \_\_\_\_\_  
UTILITIES PER MONTH: HEAT: \_\_\_\_\_, ELECTRIC: \_\_\_\_\_,  
WATER/SEWER \_\_\_\_\_, ANNUAL HOME INSURANCE \_\_\_\_\_

NUMBER OF BEDROOMS IN UNIT: \_\_\_\_\_

**RETURN APPLICATION & PROOF OF INCOME TO:**

Marion Public Health  
181 S. Main St., Marion, OH 43302  
(740) 387-6520  
sewage@marionpublichealth.org

**INCOME (INCLUSIONS)**

Use additional sheets for other household members, if necessary

HIS:

HERS:

- |    |       |   |       |
|----|-------|---|-------|
| 1. | _____ | Gross wages and salaries *                  | _____ |
|    | _____ | Overtime pay                                | _____ |
|    | _____ | Commissions, fees, tips<br>and bonuses      | _____ |
|    | _____ | Other compensation for<br>Personal services | _____ |
- (Before any payroll deductions.)

\* Does not include:

- Income from employment of children (including foster children) under 18.
- Income from live-in aide.
- Special pay to a family member serving in the Armed Forces who is exposed to hostile fire.
- Temporary, nonrecurring, or sporadic income (including gifts).
- Earnings are more than \$480 for each full-time student, 18 years old or older.  
(Excluding the head of household or spouse).

2. \_\_\_\_\_ Net income from the operation of a business or profession.  
(Expenditures for business expansion or amortization of capital indebtedness cannot be used as deduction in determining net income; however, an allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession is included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family.)
3. a. \_\_\_\_\_ Value of house(s), include all real estate owned by household.
- b. \_\_\_\_\_ Interest, dividends, and other net income of any kind from real or personal property.  
(Expenditures for amortization of capital indebtedness cannot be used as a deduction in determining net income. An allowance for depreciation is permitted only as authorized in number 2 (above). Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets more than \$5,000, annual income includes the greater of the actual income derived from net family assets or a percentage of the value of such assets based on the current passbook

savings rate, as determined by HUD.)

4. \_\_\_\_\_ Full number of periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability, or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic payment (except Supplemental Security Income (SSI) or Social Security).
  
5. Payments from:
  - \_\_\_\_\_ Unemployment
  - \_\_\_\_\_ Disability compensation
  - \_\_\_\_\_ Worker's compensation
  - \_\_\_\_\_ Severance pays
  
6. \_\_\_\_\_ Welfare Assistance.  
(If the welfare assistance payment includes an amount specifically designated for shelter and utilities that are subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income consists of:
  1. the amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities.  
*plus*
  - 5 the maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph is the amount resulting from one application of the percentage.)
  
8. \_\_\_\_\_ Periodic and determinable allowance.  
(Such as: alimony and child support payments, and regular contributions or gifts received from people not residing in the dwelling.)
  
9. \_\_\_\_\_ All regular pay, special day and allowances of a member of the Armed Forces.