



MORROW COUNTY BOARD OF COMMISSIONERS
MORROW COUNTY DEVELOPMENT OFFICE (MCDO)
2018/2019 HOME SEWAGE TREATMENT SYSTEM (HSTS)
PRINCIPAL FORGIVENESS LOAN
GRANT PROGRAM APPLICATION

INSTRUCTIONS: Enter the information completely. Please use **blue or black ink** and **Print** your information. Only *completed* application will be accepted. **Do not sign** the application until you have met with a MCDO authorized representative

Applicant Name _____ Phone (_____) _____

Co-Applicant _____ Phone (_____) _____

Address _____, OH Zip _____

INCOME SECTION

HOUSEHOLD MEMBERS (for all those living in the home.)

Household income includes the gross income of all household members residing in the home. Eligibility will be determined by the total gross income as reported on the **2017** federal tax forms. Other applicable forms include IRS 1040, W-2's, SSA 1099 and others. Proof of current income must also be provided to ensure eligibility at the time of application and to determine an income projection for the next twelve months.

Provide proof of income. Use a separate sheet if necessary. **PLEASE DO NOT SEND ORIGINALS.** Anyone 18 or older with no income must provide an explanation as to "Zero Income Self-Declaration". Failure to provide the required income documents will delay the processing of your application.

Enter the information completely including yourself, list the names, relationships, Social Security number(s) date(s) of birth, and gross income of everyone living in your household. Use a separate sheet if necessary. Be assured all information is kept confidential and secured.

Total Number in Household _____

Household Member	Relationship to You <small>(i.e. spouse, son, daughter, etc.)</small>	Social Security Number	Age	Total Income for 2017	Current Monthly Income
	Self				

INCOME SOURCE(S):

Check the income source(s) for your household.
DOCUMENTATION MUST BE PROVIDED.

- | | | |
|--|---|--|
| <input type="checkbox"/> Activity Military Pay | <input type="checkbox"/> Self Employment | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Social Security | <input type="checkbox"/> VA Disability |
| <input type="checkbox"/> Employment Disability | <input type="checkbox"/> SSDI | <input type="checkbox"/> VA Pension |
| <input type="checkbox"/> Interest | <input type="checkbox"/> SSI (Social Security Income) | <input type="checkbox"/> Wages and/or Salary |
| <input type="checkbox"/> Pension (OPERS, SERS, STRS, etc.) | <input type="checkbox"/> TANF/DA | <input type="checkbox"/> Worker's Compensation |

Other or No Income

(List other income sources separately or explain how you pay your bills in the space below (e.g., donations from family, friends, etc). If necessary, use an additional, signed sheet. Also, specify if the amounts received are gifts or loans.)

ZERO INCOME SELF-DECLARATION SECTION

Household members 18 years of age or older listed **with zero income** who are being supported by another individual and/or household member, use this section to tell us who is providing support. **Please print in blue or black ink.** If more than one member is declaring zero income, please use an additional, signed sheet of paper). You may also be asked to provide additional information as needed (previous year’s tax return, bank statement, etc.)

 First Name M.I. Last Name **Supported by** *Signature*

ADDITIONAL DOCUMENTATION (please initial for verification purposes)

- _____/_____
Verification of 2017 Total Income (2016 Federal Tax Return, IRS 1040, 1099, W-2s, etc.)
- _____/_____
Verification of current income (pay stubs, bank statement reflecting direct deposit(s), SS, SSI, SDI, etc.)
- _____/_____
Proof of ownership – copy of deed (or recorded land contract)
- _____/_____
Verification current with property taxes (receipt(s) from Treasurer’s Office/print-out from Auditor’s website)
- _____/_____
Verification current with mortgage and/or land contract
- _____/_____
Verification of General Liability Insurance (homeowner’s insurance)
- _____/_____
Verification that septic system is failing (on-site evaluation by Morrow County Health District/Dept.)
- _____/_____
Verification of understanding that should grant funding be awarded and homeowner match is required, required homeowner match will be submitted to MCDO once being notified of the amount of match payable to the Contractor who has been awarded construction project otherwise application will be withdrawn and construction project postponed until a future date.

Certification by Applicant(s)

PLEASE READ THE FOLLOWING STATEMENT. IF YOU DO NOT UNDERSTAND ANY PART OF IT, OR HAVE ANY QUESTIONS ABOUT WHAT YOU ARE ASKED TO SIGN, PLEASE ASK SOMEONE AT THE MORROW COUNTY DEVELOPMENT OFFICE TO HELP YOU. IF THERE IS MORE THAN ONE APPLICANT, BOTH APPLICANTS MUST SIGN BELOW. DO NOT SIGN THE FORM until you have met with a MCDO authorized representative.

- A. I/We certify that all information in this application is true and complete to the best of my/our knowledge and the information is subject to verification.
- B. I/We understand the Morrow County Board of Commissioners/Development Office. and/or its representatives, designees and duly authorized agents shall have the right at all reasonable times to enter upon the project site to examine and inspect for the purposes related to the construction project.
- C. I/We understand the Morrow County Board of Commissioners/Development Office and/or its representatives and designees, as well as the Ohio Environmental Protection Agency, will be the parties responsible for the bidding and awarding of the construction contract.
- D. I/We understand the personal financial information contained in this application is necessary for evaluation and will remain confidential and will not be disclosed to the news media or other third parties.
- E. I/We further understand that my name, address, and total amount of rehabilitation assistance will be subject to public disclosure since public funds are being utilized to rehabilitate my property.
- F. **I FURTHER UNDERSTAND AND AGREE THAT AS THE HOMEOWNER, SHOULD I RECEIVE FUNDING ASSISTANCE OF 85% OR 50% AND AM RESPONSIBLE FOR 15% OR 50% MATCH, THAT I WILL PROVIDE THE FUNDING AMOUNT IN THE TIMEFRAME SPECIFIED UPON BEING NOTIFIED OTHERWISE MY FUNDING AND PROJECT WILL BE RESCINDED AND APPLICATION WILL BE WITHDRAWN UNTIL A LATER DATE.**

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Section 1001, provides: “Whoever, in any matter within the jurisdiction of any department or agency of the United State knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years, or both.”

 Applicant

 Date

 Co-Applicant

 Date

******* OFFICE USE ONLY *******

Total Household Members _____ Annual Income: \$ _____

Persons in Household	100% Poverty Guidelines	85% Eligibility	50% Eligibility	15%/50% Matching
1 -4	\$24,600	\$49,200	\$73,800	
5	\$28,780	\$57,560	\$86,340	
6	\$32,960	\$65,920	\$98,880	
7	\$37,140	\$74,280	\$111,420	
8	\$41,320	\$82,640	\$123,960	

For families with more than 8 persons, add \$4,180 for each additional person.
NOTE: Homeowners whose aggregate annual household incomes exceed \$123,960 are not eligible for HSTS program funding.

Eligibility: _____ % _____ Verified

 Certifying Agency Signature