

2024 Home Sewage Treatment System Application

First Name

Middle Initial

Last Name

Mailing Address

City

State

Zip Code

County

Phone Number

Email Address

Name of Property Owner on Record with County

Household Members

Please list everyone living in your household, including yourself.

Name	Relationship to Applicant	DOB	Receiving Income
			Yes
			No
			Yes
			No
			Yes
			No
			Yes
			No

Proof of Income

Proof of income must be provided by all household members earning income. The income earner must sign the form provided for their portion of income. Please provide the following if applicable:

- 2023 Tax Return – If self-employed, include Profit and Loss
- 4 consecutive weeks of pay stubs – Stub must reflect year-to-date earnings
- Award Letter for monthly Social Security, Disability, Pension, and/or Unemployment
- Bank statement showing interest earned

Septic Information

What is the approximate age of your existing septic system?

Do you have ponding sewage on your property? If so, how often does the ponding occur?

Is there an eminent safety issue – e.g. tank lid collapse?

Have you received order from the Health Department to repair or replace your system?

Permission to Enter the Property

I grant permission to all parties involved in the repair or replacement of my home sewage treatment system access to my property. This includes, but is not limited to, the County Health Department, soil evaluator, system designer, installers bidding on the work, and the installer and their employees contracted to repair/replace my system.

Accept

Signature of Property Owner

Date

Acceptance

I understand that filling out this applicant does not entitle my household to funding from the Hancock County Home Sewage Treatment System Repair or Replacement Program until Hancock Regional Planning Commission has notified me in writing on behalf of the Hancock County Health Department.

Accept

Upon selection, I understand and agree to provide all monies required to match this grant prior to work commencing on repair or replacement of the system on my property.

Accept

Upon selection, I agree to one of the following: (Select One)

_____ Rough grading of yard with dirt mound to allow for settling-seeding at homeowner expense

_____ Final grading of yard with level ground & seeding- may result in settling that will need filled in after ground settles, at the homeowner expense

I certify that the information I have provided in this application is accurate, to the best of my knowledge.

Accept

Signature of Property Owner

Date

Please send completed applications and income verification to:

Jessica Sells, Office Manager, Hancock Regional Planning Commission
318 Dorney Plaza, Room 304
Findlay, Ohio 45840

For questions or concerns, please call Jessica Sells at 419.424.7094 or email at jsells@findlayohio.gov
