

*Vinton County Commissioners
Development Department*

TERRI FETHEROLF
Director

205 South Market Street
McArthur, Ohio 45651
dev.dept@vintonco.com

Phone: 740-596-3529
740-596-0329
Fax: 740-596-3529

Dear Homeowner:

You or the Vinton County Health Department has informed our office that you might need to repair or replace your residential septic system.

Our office is receiving funding that enables us to make grants available to income eligible households to repair or replace existing residential septic systems.

The current income eligibility for the program is as follows:

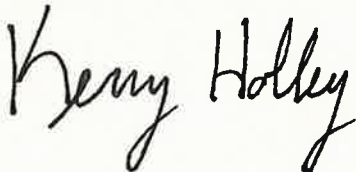
- 1-4 person household – total household income cannot exceed \$79,500.00
- 5 person household – total household income cannot exceed \$93,120.00
- 6 person household – total household income cannot exceed \$106,740.00
- 7 person household – total household income cannot exceed \$120,360.00
- 8 person household – total household income cannot exceed \$133,980.00

If you think you might qualify and are interested in applying for grant assistance to repair or replace your **existing** residential septic system then please complete the attached application and return it with **proof of income, property ownership and bank statements**. Proof of income must be in the form of a current Social Security award letter, current annual pension report, and/or current check stubs for the past two consecutive months for **all residents** in the home over 18 years of age. Proof of property ownership is deed, manufactured home title and the deed for the property that the manufactured home sits on.

If you have any questions regarding the Housing Rehabilitation Program, locating any of the requested documentation or need assistance in completing the application please call Alice Lowery the Office Manager or myself at 740-596-3529.

Please note, that completed applications can be dropped off in person and we can make copies of your documents for you. Our office is located at 205 South Market Street, McArthur, Ohio 45651

Sincerely,



Kenny Holley, Housing Program Manager
Vinton County Commissioners Development Department

This institution is an equal opportunity provider.

**VINTON COUNTY COMMISSIONERS
HOME SEWAGE TREATMENT SYSTEM PROGRAM APPLICATION**



"This institution is an equal opportunity provider and employer"

General Information

APPLICANT NAME: _____ PHONE: _____

CO-APPLICANT NAME: _____ PHONE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Do you own the home? Yes _____ No _____ If yes, when did you buy the home? _____

Are your property taxes current? Yes _____ No _____ Under a current repayment plan _____

Including yourself, how many people live in the household: _____

(household is defined as all persons occupying the same household unit, regardless of their relationship to each other)

Income Information

List the total household income and all persons in the household 18 years of age and older even if they have no income and regardless of their relationship to you. This information must be accurate and will be verified. If the person has no income, enter \$0.00 and attach a signed zero income statement form (please request one from our office). **Include income from all sources for all household members over 18:** (income includes wages, social security, AFDC, TANF, child support, alimony, insurance policies, disability, workers compensation, self-employment, unemployment, retirements, pensions, military pay, annuities, interests, dividends, rental income, etc.) Attach a new page if additional room is needed.

Name	Gross Monthly Income	Source
------	----------------------	--------

Name	Gross Monthly Income	Source
------	----------------------	--------

Name	Gross Monthly Income	Source
------	----------------------	--------

Name	Gross Monthly Income	Source
------	----------------------	--------

Name	Gross Monthly Income	Source
------	----------------------	--------

Assets Information

List the total household assets for all persons in the household 18 years of age and older even if they have no income and regardless of their relationship to you. This information must be accurate and will be verified. Include assets for all household members over 18: (cash, savings and checking accounts, online accounts, PayPal, Vimeo, equity in rental property, capital investments, stocks, bonds, CD's, treasury bills, mutual funds, money market accounts, individual retirement, 401K, Keough accounts, retirement and pension funds, cash value of life insurance if available before death, personal property held as investment, lump sum receipts, mortgage or deed of trust held, etc.) Attach a new page if additional room is needed.

Do you have a checking account? Yes _____ No _____ Do you have a savings account? Yes _____ No _____

Do you have any online accounts? Such as Vimeo, PayPal, Cash app, etc.? Yes _____ No _____

Please Note: If you answered yes to any of the above, enter the current balance below and provide 6 months of statements for verification (This is a new requirement from our funder and failure to so will make you ineligible)

_____	_____	_____
Name	Asset Value	Type/Source

_____	_____	_____
Name	Asset Value	Type/Source

_____	_____	_____
Name	Asset Value	Type/Source

Please list all household members, their age, and their relationship to you (the applicant)
(household is defined as all persons occupying the same household unit, regardless of their relationship to each other)

_____	_____	SELF
Name	Age	
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship

I understand that Vinton County has received funding assistance and I may be offered a grant assistance that will pay for either 100% or 85% or 50% of the total costs (administrative fee, permit fees, installation costs, etc.) for improvements to the septic system at my home. **I understand that that I may responsible for 15% or 50% of the total project costs and will need to pay that amount in full before the repair or replacement of my septic system occurs.** I have had these terms explained to me; I understand them and if funded, will cooperate with the Vinton County Health Department in the installation or repair of the septic system at my home. **I understand that Vinton County is not obligated to offer me any assistance whatsoever.** By signing below, I attest that the information that I have given is true to the best of my knowledge and that providing false information is a violation of U.S.C. Title 18, Sec. 1001.

Applicant Signature

Date

Co-applicant Signature

Date

Please complete and return this application with proof of income, property ownership and bank statements to

Vinton County Commissioners Development Department
Attn.: Kenny Holley
205 S. Market Street
McArthur, Ohio 45651

Note: FAILURE TO PROVIDE CURRENT PROOF OF INCOME, PROOF OF OWNERSHIP, 6 MONTHS OF BANK STATEMENTS AND FULLY SIGNED AND COMPLETED APPLICATION WILL RESULT IN YOUR APPLICATION BEING PLACED IN THE INACTIVE APPLICATIONS FILE.

Proof of income must be in the form of a current Social Security award letter, current annual pension report, and/or current check stubs for the past two months for all residents in the household 18 years and older. Proof of property ownership is a deed or a manufactured home title AND the deed for the property that the manufactured home sits on. Completed applications can be dropped off in person at the address listed above and we can make copies of your documents for you

Specific questions regarding the Vinton County Commissioners Septic Grant Program can be directed to Kenny Holley at 740-596-3529

Specific questions regarding your septic system should be directed to Lori Simonton at the Vinton County Health Department, 740-596-5233