



Board of Health Sidney-Shelby County

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Sidney-Shelby County Health Department (SSCHD) Water Pollution Control Loan Fund 2025/2026 Application for Assistance Information

Homeowners in Shelby County can have their Home Sewage Treatment Systems (HSTS), known as septic systems, repaired or replaced with funding from Ohio EPA, which awarded a \$150,000 loan to the County for 2025/2026. This loan is principal forgiveness and does not require repayment.

This program initiative will improve the quality of life for income-eligible residents by repairing or replacing failing home sewage treatment systems at an affordable cost. In addition to addressing potential health concerns, local water quality will benefit from the improvements. Funding can also be used to assist homeowners who need to connect to an existing sanitary sewer and properly abandon their HSTS.

Who is eligible?

The following criteria must be met:

- The gross household income must meet the program criteria.

2023 U.S. Dept. of Health & Human Services Poverty Guidelines for Households Persons in Family/Household

Persons in Family/Household	100% Poverty Guideline (100% Program Funded)	100%-200% Poverty Guideline (85% Program Funded)	200%-300% Poverty Guideline (50% Program Funded)
1-4	\$30,000	\$60,000	\$90,000
5	\$35,140	\$70,280	\$105,420
6	\$40,280	\$80,560	\$120,840
7	\$45,420	\$90,840	\$136,260
8	\$50,560	\$101,120	\$151,680

For families with more than 8 persons, add \$5,140 for each person

- The home sewage treatment system must be failing and verified by SSCHD.
- The applicant must be the homeowner.
- Property taxes must be current.
- Rental property, new-build homes, and homes advertised for sale are not eligible.

How homeowners will be selected:

- Applications will be selected based on the financial need and the severity of the sewage system failure.
- The severity of the failure will be the primary factor followed by financial need.
- The order of the receipt of the applications will be considered as a final factor.

Does it cost anything to apply?

There is NO cost to apply for the program.

Additional Information

- Applications will be accepted through the duration of the grant program, or until all grant funding is expended.
- All applications and supplemental documentation must be submitted to SSCHD for the process to begin.
- Unless record of system failure already exists, SSCHD will conduct a site visit to determine sewage treatment system failure.
- If eligibility requirements are met and funding is awarded, SSCHD will proceed with the standard review and approval process for the proposed sewage treatment system replacement option(s), or sanitary sewer connection, if applicable.
- Applicants who receive 85% or 50% funding must pay the remaining funds in full before work can begin.
- The homeowner does not choose the contractor, contractor selection is based on competitive bids.
- The homeowner must allow SSCHD, contractors, and/or EPA representatives to enter the property to make inspections.
- It should be noted that the home sewage treatment system repair will create a messy environment.
- SSCHD is required to inspect all sewage treatment systems that have been altered or installed within 12 months of completion of the project.
- Before any work can begin, permits must be obtained from SSCHD.

Sidney-Shelby County Health Department (SSCHD) **Water Pollution Control Loan Fund/ARPA** **2024 Application for Assistance**

This application is used to determine your eligibility for household sewage treatment system repair, replacement, or connection to an existing sanitary sewer. Sidney-Shelby County Health Department is administering this program, which is funded through the Water Pollution Control Loan Fund (WPCLF) from the Ohio Environmental Protection Agency. Completing this application does not commit or obligate you in any way and is not a guarantee for funding assistance.

Applicant Information		
First Name	Last Name	
Property Address		
City/Village/Township	State	Zip Code
Parcel Number	Phone Number	
Marital Status	Are you the homeowner and occupant of the property?	
Number of people living in the home	Number of bedrooms	
Water Supply (City, Well, Cistern, Etc.)		

Household Sewage Treatment System Information
What is the approximate age of your existing system?
Do you have sewage “ponding” or surfacing on the ground? If so, how often?
Is there an urgent safety issue (tank collapse)? If so, please describe:
In addition to, or other than the above why do you believe your system is failing?

Applicant Employment Information	
Employer Name:	
Employer Address:	
Length of Employment:	Annual Gross Salary:
Hourly Wage:	Monthly Tips (If Applicable)
Other Wages: (Please list)	

Other Household Members (Other than Above Applicant)				
Name	Relationship	Date of Birth	Income Sources	Total Income for the last 12 months

Note: Income verification for all the above-listed household members must be provided with this application.

Required Documents

A. Home Ownership Verification

- Copy of the property deed
- Copy of the title to the home, if applicable
- Copy of paid property taxes

B. Income Verification

- Last 3 months of pay stubs
- Monthly social security
- Monthly disability
- Monthly pension
- Monthly unemployment
- Monthly income from rental properties
- Last year's income tax return, if self-employed only

If no income, include a letter stating how your bills are being paid. Please sign and date the letter.

Applicant Certification and Permission to Verify Income Information

Please read the following statements, initial each section, and sign below to acknowledge you understand the application and the verifications. If you have any questions, please contact the Sidney-Shelby County Health Department by calling (937) 498-7249 or emailing SSCHD@shelbycountyhealthdept.org.

_____ I certify that the information I have provided in this application is, to the best of my knowledge, true, accurate, and complete disclosure of the requested information.

_____ I understand that if I am eligible to receive 85%, or 50% principal forgiveness instead of 100%, I am required to pay the remaining 15% or 50% respectively, of the project costs at least 14 days before any work can begin.

_____ I understand that I must allow SSCHD, contractors, and/or EPA representatives to enter the property to make inspections.

_____ I understand that the personal financial information contained in this application is necessary for the evaluation of my eligibility for the program. I understand that completing this application does not guarantee that my household will receive funding assistance. I understand that SSCHD may rescind my contract if information is acquired that determines that my household is not eligible for services according to the rules of the program.

_____ I understand that upon completion of the sewage treatment system repair/replacement an Operation and Maintenance permit will be issued to me by SSCHD. I understand that I am responsible for maintaining the treatment system in accordance with Ohio and local laws and rules. I understand that I will be responsible for all costs associated with the proper operation and maintenance of the system. I also understand that some systems, such as those utilizing aerobic treatment units, will be required to maintain a service contract with a registered service provider for the life of the system and that I am responsible for all costs associated with the service contract.

_____ I hereby waive any and all present and future claims against SSCHD, its employees, and Board members for damages in any way connected with the work for which I am requesting assistance. I understand that I have an opportunity to consult with an attorney before signing this certification.

_____ As an applicant for this program, I hereby give my permission to SSCHD staff administering the program to contact my employer or other appropriate persons or companies to verify information, and I have provided and submitted supporting documentation with this application. I also understand that my records may be released upon request pursuant to public records law.

Applicant Signature: _____ Date: _____

Return the completed application and all required documentation to:
Sidney-Shelby County Health Department
202 W. Poplar St.
Sidney, Ohio 45365 or email: sschd@shelbycountyhealthdept.org