



Water Pollution Control Loan Fund (WPCLF)
Application

Licking County Health Department (LCHD) is administering this program with funding from the Ohio Environmental Protection Agency through the Water Pollution Control Loan Fund (WPCLF). This application must be completed fully and include the required documents to be considered for the WPCLF program. There is **NO COST** to apply for funding and completing this application does not guarantee funding assistance.

Applicant Information:

First Name: _____ Last Name : _____

Email: _____ Phone #: _____

Property Address: _____

Township: _____ Parcel# (optional): _____

Number of people living in the home: _____ Number of bedrooms: _____

You are the homeowner of the above mentioned property: Yes No

All applications must include all of the following, check off what is applicable:

Income Verification

- Copy of most recent income tax return
- Two (2) weeks of recent pay stubs
- Copy of Home Title
- Monthly Social Security
- Monthly Pension
- Monthly Unemployment
- Monthly Income from Rental Properties

Home Ownership Verification

- Copy of Property Deed
- Copy of Home Title
- Copy of Paid Property Taxes
- Copy of Utility Bill showing the name and addresses are the same as the property address.

Other: _____

Employer Name: _____

Employer Address: _____

Length of Employment: _____ Annual Gross Salary: _____ Hourly Wage: _____

Other Household Members' Income:

| Name | Relation | Age | Income source | Total Income |
|------|----------|-----|---------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

*Complete the attached supplemental income form for each household member. Income verification needed for all listed above.

*Add more household members to the back of this page if needed.



NEWARK

(740)-349-6535
675 Price Rd.
Newark, OH 43055

PATASKALA

(740) 755-4520
621 W. Broad St.
Pataskala, OH 43062

www.lickingcohealth.org

Applicant Certification and Information Verification

Please read the following statements carefully and initial each section. Sign and date below to acknowledge you understand the income verification and application process.

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

_____ I understand that information contained in this application is necessary for the evaluation of my
(Initials) eligibility for the program. I understand that completing this application does not guarantee that my household will receive funding assistance. I understand that LCHD will rescind my application if information is acquired that determines that I am not eligible for funding according to the rules of this program.

_____ I understand that I must allow LCHD and contractor representatives entry to the property for any
(Initials) inspections and/or evaluations related to the WPCLF program.

_____ I understand that if I am eligible for 50% or 85% funding coverage, I am responsible for the
(Initials) remaining 50% or 15% cost of the project.

_____ I understand that upon completion of the WPCLF job, I am responsible for maintaining the sewage
(Initials) treatment system in accordance with Ohio laws and rules. I understand that I am responsible for all costs associated with the proper operation and maintenance of the system including but not limited to any required service contracts.

_____ I hereby waive any and all present and future claims against LCHD and its employees for any
(Initials) damages connected with the work for which I am requesting WPCLF assistance. I understand that I have an opportunity to consult with an attorney before signing this application.

| | |
|-------------------|--------------|
| Signature: | Date: |
|-------------------|--------------|

Please contact the LCHD Water/Sewer program staff at (740) 349-6504 if you have any questions. You can also stop by the office at 675 Price Rd., Newark, OH 43055.

Office Use Only

This WPCLF application is: Approved Disapproved

WPCLF covering: 100% 85% 50%

Homeowner is responsible for: 15% 50% No Cost to homeowner for system installation.

Application reviewed by _____ and approved / disapproved on: ____ / ____ / ____.
(Initials)



Supplemental Income Attachment

● **Additional Household Member's Income**

Employer Name: _____

Employer Address: _____

Length of Employment: _____ Annual Gross Salary: _____ Hourly Wage: _____

Other Income Sources and Amounts: _____

● **Additional Household Member's Income**

Employer Name: _____

Employer Address: _____

Length of Employment: _____ Annual Gross Salary: _____ Hourly Wage: _____

Other Income Sources and Amounts: _____

● **Additional Household Member's Income**

Employer Name: _____

Employer Address: _____

Length of Employment: _____ Annual Gross Salary: _____ Hourly Wage: _____

Other Income Sources and Amounts: _____

● **Additional Household Member's Income**

Employer Name: _____

Employer Address: _____

Length of Employment: _____ Annual Gross Salary: _____ Hourly Wage: _____

Other Income Sources and Amounts: _____

Comments: _____
