

**Hancock County**

**Home Sewage Treatment System Repair or Replacement Program**

First Name		M. I.	Last Name	
Address				
City	State	Zip	Daytime Telephone	
Name of Property Owner on Record with County				

**Including yourself, please list everyone living in the household.**

Household Member Name	Relationship to You	Date of Birth	Receiving Income* Yes or No
	<b>Self</b>		

**\*Anyone listed above and receiving income MUST provide proof of income by providing one for to verification listed below.**

**Proof of Income**

Proof of Income for the entire household can be achieved by providing a SIGNED COPY of ONE of the following:

- 4 weeks of pay stubs, reflecting year-to-date earnings
- 2010 Tax Return, if self employed include Profit & Loss
- Statement of monthly Social Security, Disability, Child Support, Pension, and/or Unemployment benefits
- Bank Statement showing interest earned

## Permission to Enter Property

- I grant permission to all parties involved in the repair or replacement of my home sewage treatment system, including but 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 the system.

## Acceptance

I understand that filling out this application does not entitle my household to funding from the Hancock County Low Income Home Sewage Treatment System Repair or Replacement program, Hancock County or Blanchard River Watershed Partnership, Inc. until further notified in writing. I understand that by signing this form I am giving authorization to all persons listed above as required to enter my property. 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. Upon selection, I understand and agree to provide all monies required as match to this grant prior to work commencing on repair or installation of a new system.

Signature	Date

Send completed applications and income verification information to:

Phil Martin, Watershed Coordinator

Blanchard River Watershed Coordinator

P. O. Box 1237

Findlay, Ohio 45840

Questions call: Phil Martin at (419) 422-6487 or email at [brwp1237@gmail.com](mailto:brwp1237@gmail.com)