



**SUMMIT COUNTY, DEPARTMENT OF DEVELOPMENT  
HOUSEHOLD SEWAGE TREATMENT SYSTEM (HSTS)  
HOMEOWNER APPLICATION**

Review of Program Eligibility and How the Program Works

Homeowners may apply if all the following criteria are met:  
You must meet all of the following criteria to be eligible for the program:

1. Income qualify
2. Home must be owner occupied
3. Must have current homeowners insurance
4. Must be current on property taxes
5. Must have a citation from the Health Department, or an EPA order to connect to public utilities

All sections of the application that apply to you must be completed and all applicable information from the required documentation checklist must be submitted.

Funds for this program are received from the State of Ohio EPA and Community Development Block Grant Funds and are on a first come first serve basis. The program pays for the replacement of a failing septic system. Permit fees and inspection fees and matching funds must be paid for by the client. Income limits are subject to change.

<b>REHAB PROGRAM/PURCHASE, REHAB, RESALE/ LEAD/ HSTS(CDBG) Economic Development</b>								
% AMI	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% AMI	\$17,250.00	\$19,700.00	\$23,030.00	\$27,750.00	\$32,470.00	\$37,190.00	\$41,910.00	\$46,630.00
50% AMI	\$28,700.00	\$32,800.00	\$36,900.00	\$41,000.00	\$44,300.00	\$47,600.00	\$50,850.00	\$54,150.00
80% AMI	\$45,950.00	\$52,500.00	\$59,050.00	\$65,600.00	\$70,850.00	\$76,100.00	\$81,350.00	\$86,600.00
<b>EPA HSTS - 100% Funding</b>								
% Income	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
100% Poverty	\$26,200.00	\$26,200.00	\$26,200.00	\$26,200.00	\$30,680.00	\$35,160.00	\$39,640.00	\$44,120.00
<b>EPA HSTS - 85% Funding</b>								
% Income	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
100-200% Poverty	\$52,400.00	\$52,400.00	\$52,400.00	\$52,400.00	\$61,360.00	\$70,320.00	\$79,280.00	\$88,240.00
<b>EPA HSTS - 50% Funding</b>								
% Income	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
200-300% Poverty	\$78,600.00	\$78,600.00	\$78,600.00	\$78,600.00	\$92,040.00	\$105,480.00	\$118,920.00	\$132,360.00

**How the Program Works After the Application is Approved**

- The replacement of the failing septic system is placed out for bid, contractors may contact the owner to look at the existing system and look at any connections in the home. Access to the property and the inside of the home (including the basement) must be granted to the bidder(s). This is not an emergency program. Bidding is scheduled in order of date the application was approved. Applications are good for 6 months and may need updated prior to bidding.
- The Contractor with the lowest most responsive bid is awarded the job and the County of Summit will hold the contract with the winning contractor.
- If septic work is conducted on your home, you will execute a 5 year deferred, forgivable mortgage (loan) with the County of Summit Department of Community and Economic Development and a lien will be placed on your property. The loan will forgive itself in equal portions over the five years. If the owner sells, transfers or does not use the home as their primary residence during the 5 years the unforgiven portion of the loan will become due immediately.
- The owner must add the County of Summit as an “Additional Insured” to their homeowner’s insurance policy for the term of the loan. Documentation must be provided prior to closing of the addition.
- Property taxes must be current and remain current for the term of the loan.

All occupants of the home must follow these guidelines. Failure to comply may result in termination of participation in the Household Sewage Treatment System Program.

If you have read and understand the explanation above, please sign and date the corresponding signature lines below and return to: The County of Summit, 175 South Main Street, Room 207, Akron, Ohio 44308 (along with your application).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

If you have any questions, please contact Holly Miller at 330-643-8013. Applications should be mailed to The County of Summit 175 S. Main Street Room 207 Akron, Ohio 44308.



## HOUSEHOLD SEWAGE TREATMENT SYSTEM PROGRAM (HSTS)

**PLEASE MAIL, EMAIL, OR BRING THE APPLICATION AND COPIES OF THE REQUIRED DOCUMENTS TO ONE OF THE FOLLOWING ADDRESSES:**

County of Summit  
 Department of Community and Economic Development  
 175 S. Main St., Suite 207  
 Akron, OH 44308  
 PH (330) 643-8013  
 Website: <https://co.summitoh.net>  
 Email: [hmillers@summitoh.net](mailto:hmillers@summitoh.net)

### **HOMEOWNER REQUIRED DOCUMENTS: (required for all adults in household)**

- A copy of your homeowner's insurance listing dwelling (house), dollar amount of coverage and annual premium
- A copy of your 2022 W -2 Statement of Earnings or #1099 Statement
- A copy of your 2022 Federal Tax Return #1040 (must be signed and dated)
- A copy of your three (3) most recent pay stubs
- Name, address, phone number, and dates of employment with all employer(s) for the past two years
- A copy of your 2022 Social Security Benefits Statements (Form SSA-1099, SSI, or SSDI)
- A copy of your 2022 pension stating monthly or yearly earnings
- A copy of your complete divorce documents/decrees (if applicable)
- A copy of bankruptcy discharge (only if occurring before the three year limit)
- Copies of your last six (3) months bank checking/savings account statements
- Copy of any health district or EPA orders

**NOTE: Not all the above documents pertain to your personal situation. Please provide ONLY the documents that are applicable to you. If you are married or applying for a joint forgivable loan, the above information will be required on all persons applying during the application. If you cannot make copies, we will be happy to do this for you at our office. The application must be completed in its entirety. If a section does not apply mark n/a. Incomplete applications will not be reviewed.**



## HOUSEHOLD SEWAGE TREATMENT SYSTEM PROGRAM (HSTS)

175 SOUTH MAIN STREET, ROOM 207  
AKRON, OHIO 44308  
330-643-8013

### PART 1: APPLICANT INFORMATION

Name (First) (Middle) (Last)

Address (Street) City Zip Code

Daytime Phone: Birthdate:

Email: Cell Phone:

Is English your first language?  Yes  No My first language is: \_\_\_\_\_

Female  Male Are you a Veteran?  Yes  No Are you Hispanic/Latino?  Yes  No

Single  Married  Divorced  Widowed

**Please check one of the following: (Required for Federal Funding Purposes)**

White  Black/African American  American Indian/Alaskan Native  Asian  Other Multi Racial

Native Hawaiian/Other Pacific Islander  Asian/White  American/Indian/Alaskan Native/White

American Indian/Alaskan Native/Black/African American  Black/African American/White

Check here if you are unemployed.

List your employer(s) and income:

Employer/Employers		Amount of Pay Check (Monthly Gross, Before Taxes)
Current		
2022		

List OTHER sources of income:

	Yes	No	Total Amount Per Month	
			Current	2022
Child Support	<input type="checkbox"/>	<input type="checkbox"/>		
Alimony	<input type="checkbox"/>	<input type="checkbox"/>		
Pension	<input type="checkbox"/>	<input type="checkbox"/>		
Social Security or SSI	<input type="checkbox"/>	<input type="checkbox"/>		
Disability Benefits	<input type="checkbox"/>	<input type="checkbox"/>		
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have other income?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please write a page listing the income and return with the Application.	

**PART 2: CO-APPLICANT INFORMATION**

Check here if there is **no** co-applicant and go to Part 3 of the application.

**Co-Applicant Name** (First) (Middle) (Last)

**Address** (Street) (City) (Zip Code)

**Daytime Phone:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Is English your first language?**  Yes  No My first language is: \_\_\_\_\_

Female  Male Are you a Veteran?  Yes  No Are you Hispanic/Latino?  Yes  No

Single  Married  Divorced  Widowed

**Please check one of the following: (Required for Federal Funding Purposes)**

White  Black/African American  American Indian/Alaskan Native  Asian  Other Multi Racial

Native Hawaiian/Other Pacific Islander  Asian/White  American/Indian/Alaskan Native/White

American Indian/Alaskan Native/Black/African American  Black/African American/White

**Check here if you are unemployed.**

**List your employer(s) and income:**

Employer/Employers			Amount of Pay Check (Monthly Gross, Before Taxes)	
<b>Current</b>				
<b>2022</b>				
<b>List OTHER sources of income:</b>				
	Yes	No	Total Amount Per Month	
			<b>Current</b>	<b>2022</b>
<b>Child Support</b>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Alimony</b>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Pension</b>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Social Security or SSI</b>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Disability Benefits</b>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Unemployment Benefits</b>	<input type="checkbox"/>	<input type="checkbox"/>		
Do you have other income?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please write a page listing the income and return with the Application.	

**PART 3: Other Occupants**

Write in the names of OTHER people currently living in the home.

Do not write the Applicant or Co-Applicant names here.

Name	Relationship to Applicant	Date of Birth	Social Security Number (last 4 numbers)

Do you care for children younger than 6 years of age in your home?

Yes  No

If yes, fill in the next section.

Name of Child	Birthdate	Days per Week	Hours Per Day

Referral Program: Has anyone in the home received an Asthma diagnosis from the Doctor? If yes:

Name: \_\_\_\_\_

Age: \_\_\_\_\_

**PART 4: ASSETS**

List all current bank accounts and the type of account, except IRA Accounts.

Check here if no bank accounts.

Name of Bank or Credit Union	Checking or Savings Account	Balance

List all Stocks, Bonds, Certificate of Deposits, Securities, IRA's, or Other.  
*(Withdrawals from accounts are counted as household income.)*

Check here if no stocks, bonds, CDs, etc.

Name of Stock, Money Market Account, Government Bond, Or Other	Approximate Value

List Other Real Estate Owned or Co-Owned:  
*Rent received is counted as household income.*

Check here if no other real estate.

Rental Property, Vacation Home, Or Other	Address	Rent Received

**PART 5: Mortgage Information**

Is your home paid in full?  Yes  No

List all of the mortgages on the property:

Bank/Lending Institution	Original Mortgage Amount	Current Mortgage Balance	Monthly Payment

**CIRCLE the type of mortgage loan -**    **FHA**        **VA**        **Conventional**        **Land Contract**

Does the mortgage payment include property taxes and insurance?  Yes  No  Not Applicable

Do you currently have homeowner insurance?  Yes  No

Copy of declarations page must be provided with application.

Insurance Company Name: \_\_\_\_\_ Agent

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_



## PART 6: PERMISSION TO RELEASE OR VERIFY APPLICANT INFORMATION

Inquiries may be made about items listed below for the applicant, co-applicant, and other occupants of the household age 18 and over. Failure to verify information may result in a delay or may result in your application not being approved.

### APPLICANT INFORMATION COVERED

I/we authorize and release the County of Summit and/or HUD to obtain information that is pertinent to my/our eligibility for the Summit County Public Health Lead-Based Paint Hazard Control Grant Program and to verify the information that I/we have provided.

Alimony or Separation Payments	Full-Time Student Status	Social Security Benefits
Assets (all sources)	Handicap Assistance Expense	Tax Returns
Assets on Deposit	Income (all sources)	Unemployment Benefits
Bank Accounts	Income from Business	VA Benefits
Child Care Expenses	Liens	Other:
Child Support Payments	Medical Expenses	
Employment	Pension and Annuities	

I/we acknowledge and understand:

Mortgage documents for work to be done will be signed at the County of Summit Department of Community and Economic Development office located at 175 S. Main St., Room 207, Akron, Ohio 44308.

A photocopy of this application is valid as the original. Notarized documents must be original.

The Summit County Public Health representative has my/our permission to complete or fill in missing information on my/our application.

\_\_\_\_\_  
Signature of Applicant                      Date

\_\_\_\_\_  
Signature of Co-Applicant              Date

\_\_\_\_\_  
Signature of Other Adult                Date

\_\_\_\_\_  
Signature of Other Adult                Date



## PART 7: CERTIFICATIONS

The Applicant(s) certify that he/she/they is/are the legal owner of the property described in this application and that the Household Sewage Treatment System Program loan will be used only for work and materials necessary to meet Summit County Public Health standards for the replacement of the septic system or the abandonment of the system and tie-in to an existing public sanitary sewer line and the Summit County Public Health Codes which are recommended for the property in this application. If the Housing Rehabilitation Specialist determines that the rehabilitation loan cannot be used for the purpose described herein, the Applicant(s) agrees that the funds earmarked for the project shall remain with the Summit County Department of Community and Economic Development's Housing Rehabilitation Program. The Applicant(s) acknowledge(s) and agrees that he/she/they has/have no interest, right or claim with respect to said funds and that the County of Summit will not be liable for any costs or expenses incurred if the Applicant(s) does not receive such funds.

The Applicant(s) also certifies that:

- He/she/they understands/understand that submittal of an application is not a guarantee of funding and that income eligibility, the condition of the property AND the work scope determined necessary by the Housing Rehabilitation Specialist will all be used to determine eligibility.
- He/she/they is/are of sound mind and body and does/do not require representation by a guardian with power of attorney.
- He/she/they will use the property in a lawful manner with regard to occupancy, zoning ordinance and the property maintenance codes.
- He/she/they understands/understand that the main objective of the program is to correct safety and health issues and/or code violations within the home, and that funds will be used to address these items prior to any other repairs being made.

The Applicant(s) further acknowledge(s) that any verbal or physical abuse or threats of Summit County Housing Rehabilitation Program staff, contractors or their employees may result in the immediate termination of assistance and that any work performed will be at the Applicant's expense.

The Applicant(s) covenants and agrees that he/she/they will comply with all local, state and federal laws, including, but not limited to all requirements imposed pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The Applicant(s) agrees not to discriminate upon the basis of race, color, creed, age, sex, and/or national origin. The United States shall be a beneficiary of these provision both for an in its own right, and also for the purpose of protecting the interests of the community and other parties, public or private, in whose favor or for whose benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

**WARNING:** Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

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Signature of Applicant

Date

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Signature of Co-Applicant

Date



**Walk Away Policy**

Regardless of eligibility, under certain circumstances, an applicant may not receive assistance through the Department of Community and Economic Development. Such circumstances include, but are not limited to:

- The homeowner and/or applicant becomes verbally or physically abusive and/or threatens staff members
- During the course of the Septic Replacement or Sanitary Sewer Tie-In work the owner continually fails to cooperate with staff or contractors.
- Applicant knowingly misrepresents information relevant to their eligibility for assistance
- Following the initial inspection of the home, a determination is subsequently made that the home is not structurally sound
- Failure on the part of the applicant/owner to demonstrate pride of ownership. Conditions included under pride of ownership include, but not limited to:
  - Abuse of animals: evidence of unsanitary conditions
  - Illegal or improper use of the property
  - Housekeeping and maintenance: extreme conditions of clutter or filth in or around the house

Under any of the circumstances assistance may be withheld and/or terminated at the discretion of the program administrator.

I/we acknowledge that we have read and do thoroughly understand and by my/our signatures below do affirm the above.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Co-Applicant Signature

\_\_\_\_\_

Date

