



**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.

2023 Income Limits REHAB PROGRAM / PURCHASE HSTS(CDBG) Community and Economic Development								
% AMI	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% AMI	\$17,250	\$19,700	\$23,030	\$27,750	\$32,470	\$37,190	\$41,910	\$46,630
50% AMI	\$28,700	\$32,800	\$36,900	\$41,000	\$44,300	\$47,600	\$50,850	\$54,150
80% AMI	\$45,950	\$52,500	\$59,050	\$65,600	\$70,850	\$76,100	\$81,350	\$86,600
EPA HSTS - 100% Funding								
% Income	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
100% Poverty	\$26,200	\$26,200	\$26,200	\$26,200	\$30,680	\$35,160	\$39,640	\$44,120
EPA HSTS - 85% Funding								
% Income	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
100-200% Poverty	\$52,400	\$52,400	\$52,400	\$52,400	\$61,360	\$70,320	\$79,280	\$88,240
EPA HSTS - 50% Funding								
% Income	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
200-300% Poverty	\$78,600	\$78,600	\$78,600	\$78,600	\$92,040	\$105,480	\$118,920	\$132,360

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 Loan/Grant Officer at 330-643-2561.

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
Website: <https://co.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 2023 W -2 Statement of Earnings or #1099 Statement
- A complete copy of your 2023 Federal Tax Return #1040 (must be signed and dated from date filed)
- 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 (2) years
- A copy of your 2023 and 2024 Social Security Benefits Statements (Form SSA-1099, SSI, or SSDI)
- A copy of your 2023 pension stating monthly or yearly earnings
- A copy of your complete divorce documents/decreed (if applicable)
- A copy of bankruptcy discharge (only if occurring before the three-year limit)
- Copies of your last six (6) months current bank checking/savings/credit union account statements
- Copy of any health district or EPA orders
- Proof of Identity please provide a copy of Current Photo or State ID; birth certificate and social security card

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.



ILENE SHAPIRO
COUNTY EXECUTIVE

HOUSEHOLD SEWAGE TREATMENT SYSTEM PROGRAM (HSTS)
175 SOUTH MAIN STREET, ROOM 207
AKRON, OHIO 44308

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 Paycheck (Monthly Gross, Before Taxes)	
Current			
2023			
List OTHER sources of income:			
		Total Amount Per Month	
	Yes	No	
			Current 2023
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 Paycheck (Monthly Gross, Before Taxes)	
Current			
2023			
List OTHER sources of income:			
		Total Amount Per Month	
	Yes	No	
			Current 2023
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 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/Savings Account or other	Current Balance

List all Stocks, Bonds, Certificate of Deposits, Securities, IRAs, 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: _____ Email: _____



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.

Signature of Applicant

Date

Signature of Co-Applicant

Date



PART – 8 ACKNOWLEDGMENT OF 5 YEAR FORGIVABLE LOAN

The applicant(s) acknowledge that by qualifying for and receiving housing rehabilitation through this program, the assistance will be provided through a Five (5) year forgivable loan; and that the County of Summit will need to be added to the applicant’s homeowner’s insurance as an additional insured.

The loan is secured by the execution of a mortgage through the County of Summit. The amount of the loan will be based on the amount invested in your home to complete the housing rehabilitation process.

There will be no interest and no payments required of the applicant(s) as part of this loan. The loan will forgive itself automatically over the period of Five (5) years in equal portions on the anniversary date the mortgage was executed. If there is a primary mortgage, the County lien will be placed in second position. If at any time during the term of the loan a subordination is requested, the owner must request the current subordination packet. No cash out may be taken during a refinance.

After the fifth installment of the loan is forgiven, the County of Summit will record a Release of Mortgage and provide a copy to the applicant(s).

If the home is sold, rented or otherwise no longer the applicant’s primary residence at any point during the Five (5) year period, the amount of the loan which has not forgiven itself will be due to the County of Summit.

You are eligible to apply for assistance from the program every 10 years.

Signature of Applicant

Date

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 circumstance's 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.

Signature of Applicant

Date

Signature of Co-Applicant

Date



Internet Provider Information Release Authorization*

Please fill out the release that applies to your household.

Internet Provider Release:

I hereby authorize _____ (*internet provide name*) to release information on my internet bills, past and present and future to the County of Summit Home Weatherization Assistance Program or its designees. I understand that this information will be used only to provide data to the above-named agency and its designees.

How much do you pay for Internet (monthly rate): \$ _____

Do you receive assistance from the Affordable Connectivity *Program* (ACP) for your internet services? __yes __no, if no, would you like more information __yes __no

What do you use your internet for:

- Streaming TV
- School or work
- Gaming
- Other _____

AFFIDAVIT FOR NOT FILING FEDERAL TAXES

I, _____, did not file federal taxes in **2023** because I was
(Print name)

* (Check one):

No longer required to file

A full-time student

Was unemployed

Print name: _____ Date: _____

Signature: _____

Address:

Street

City

State

Zip code

STATE OF OHIO
COUNTY OF SUMMIT

The forgoing instrument was acknowledged before me on (Date) _____ by
_____ (Name of person acknowledged).

Notary Public Print Name

Notary Public Signature

My commission expires

Affix Notary Seal



Consent to Participate in the Unite Us Network

By consenting, you agree to share information with a Network of health and social service partners powered by Unite Us software. This Network is made up of entities and individuals who are directly involved in your care or payment of care. Your personal information may be shared securely on the Network in accordance with privacy laws to connect you with services.

This consent covers all information shared by you or by anyone that has the right to share information on your behalf and is relevant to the recipient's involvement in your care or payment for your care. You can always limit the information you provide on the Network by requesting to have it removed.

To understand how your information may be used and kept safe on the Network, please see uniteus.com/privacy.

If you no longer want your information shared on the Network, you can email consent@uniteus.com or ask any Network partner.

Client Name: _____

Signature: _____

Date: _____

Personal Representative or Guardian (only if applicable)

Name: _____

Signature: _____

Date: _____

Relationship to Client: _____

Preferences (You may select more than one):

Email: _____ Text: _____ Phone: _____

County of Summit Department of Development
Client Certification of Zero Income

Name _____

Address _____

Phone number _____

Email _____

I certify that I do not individually receive income from any of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.)
- Income from the operation of a business
- Rental income from real or personal property
- Interest or dividends from assets
- Unemployment or disability payments
- Veteran's Benefits
- Sales from self-employed resources (Door Dash, Instacart, Mary Kay, Avon, etc.)
- Social Security payments or Supplemental Security income
- Payments from annuities, insurance policies, or death benefits
- Payments from retirement funds or pensions
- Payments from alimony or child support
- Gifts received from persons not living in my household
- Public assistance payments
- Any other source not named above

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of services.

Client Signature: _____ Date: _____

The forgoing instrument was acknowledged before me on (Date) _____ by _____ (Name of person acknowledged).

Notary Public Print Name

Notary Public Signature

My commission expires

Affix Notary Seal

