



**COUNTY OF SUMMIT
HOUSEHOLD SEWAGE TREATMENT SYSTEM FORGIVABLE LOAN PROGRAM**

Review of Program Eligibility and How the Program Works

Homeowners may apply for the Household Sewage Treatment System Forgivable Loan (HSTS) Program if all the following criteria are met:

You must meet all the following criteria to be eligible for the program:

1. Income qualify
2. The 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 (CDBG) Funds are on a first come first serve basis. The program pays for the replacement of a failing septic system. Permit fees, inspection fees, matching funds, and work completed outside of the house's parcel number must be paid for by the client.

Community and Economic Development REHAB PROGRAM / PURCHASE HSTS (CDBG)								
EPA HSTS – 100% Funding								
% Poverty	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
100%	\$30,000	\$30,000	\$30,000	\$30,000	\$35,140	\$40,280	\$45,250	\$50,560
EPA HSTS – 85% Funding								
% Poverty	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
100-200%	\$60,000	\$60,000	\$60,000	\$60,000	\$70,280	\$80,560	\$90,840	\$101,120
EPA HSTS – 50% Funding								
% Poverty	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
200-300%	\$90,000	\$90,000	\$90,000	\$90,000	\$105,420	\$120,840	\$136,260	\$151,680

*Income Limits Subject to Change

*Revised effective 4/1/2024



HOW THE PROGRAM WORKS AFTER APPLICATION APPROVAL

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). **The Household Sewer Treatment System Program is not an emergency program.** Bidding is scheduled in order of the date of application approval. Applications are good for 6 months and may need to be updated prior to bidding.

The Contractor with the lowest most responsive responsible 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, does not use the home as their primary residence during the 5 years, or passes away 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 the 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 them to: The County of Summit HSTS, 175 S 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 the Reviewing Officer at 330-643-2561.



**COUNTY OF SUMMIT
HOUSEHOLD SEWAGE TREATMENT SYSTEM FORGIVABLE LOAN PROGRAM**

REQUIRED DOCUMENTATION

The County of Summit Household Sewage Treatment System Forgivable Loan (HSTS) Program is not an emergency program. It is also not used to pass a point of sale inspection. Homes must be in the County of Summit, Ohio. The following documents will be needed for all adults in the household at the time of your application review **as they pertain to your household:**

- A copy of any health district or EPA orders
- Proof of identity (current Photo or State ID, birth certificate, and social security card) for all household members
- A copy of your (6) most recent pay stubs
- A copy of your Social Security Benefits Statements (Form SSA-1099) 2024 and 2025 SSI & SSDI award letter(s)
- A copy of your current monthly pension statement
- A copy of your 2024 W-2 Statement of Earnings or 1099 Statement
- A copy of your 2024 Federal 1040 Tax Return or if you do not file federal taxes a notarized statement indicating why taxes are not filed
- A copy of your complete divorce documents/decrees
- A copy of bankruptcy discharge (only if occurring before the five-year limit)
- Copies of your last 3 months' bank statements for any checking/savings accounts
- If any adult in the household is a full-time student, the class schedule must be provided with the student's and school's names visible
- A copy of your current homeowner's insurance listing the address of the property
- A copy of your most recent mortgage statement

NOTE: Not all the above documents pertain to your personal situation. Please provide ONLY the documents that apply to you. If you are married, the above information will be required for all individuals applying. Additional information may be requested as your application is in the review process.

2024 Income Guidelines – 200% Federal Poverty Level								
Household Size	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Annual Household Income	\$30,120	\$40,880	\$51,640	\$62,400	\$73,160	\$83,920	\$94,680	\$105,440

*Income Limits Subject to Change

*Revised effective 9/11/2024





ILENE SHAPIRO
COUNTY EXECUTIVE

Mail documents to: **County of Summit HSTS**
175 S Main St, Room 207
Akron, Ohio 44308

Any questions call: **(330) 643-6519**

**HOUSEHOLD SEWER TREATMENT
SYSTEM FORGIVABLE LOAN
PROGRAM APPLICATION**

PART 1 – APPLICANT INFORMATION

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Are you the owner of record for this property? Yes No

Home Phone #: _____ Cell Phone #: _____

Social Security Number: _____ Date of Birth: _____

Email: _____

Gender Identity: Male Female

Are you a veteran? Yes No

Marital Status: Married Divorced Widowed Single

Are you (Please check only one of the following): Required for Federal Funding Purposes

- White
- Black/African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Black/African American/White
- Asian/White
- American Indian/Alaskan Native/White
- Am. Indian/Alaskan Native/Black/African Am.
- Other Multi-Racial



List your employer(s) and income:

Check here if you are unemployed

Employer(s)			Amount of Paycheck (Monthly Gross, Before Taxes)	
Current				
2024				
Other Sources of Income			Total Amount Per Month	
	Yes	No	Current	2024
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 it with the Application.	

PART 2 – CO-APPLICANT INFORMATION

Check here if there is no Co-Applicant

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Home Phone #: _____ Cell Phone #: _____

Social Security Number: _____ Date of Birth: _____

Email: _____

Gender Identity: Female Male

Are you a veteran? Yes No

Marital Status: Married Divorced Widowed Single

Are you (Please check only one of the following): Required for Federal Funding Purposes

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American/White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian/White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native/White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Am. Indian/Alaskan Native/Black/African Am. |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial |

List your employer(s) and income:

Check here if you are unemployed

Employer(s)			Amount of Paycheck (Monthly Gross, Before Taxes)	
Current				
2024				
Other Sources of Income			Total Amount Per Month	
	Yes	No	Current	2024
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 it with the Application.	

PART 3 – EMERGENCY CONTACT (AT LEAST ONE MUST BE PROVIDED)

Name: _____	Name: _____
Phone Number: _____	Phone Number: _____
Relationship: _____	Relationship: _____

PART 4 – HOUSEHOLD COMPOSITION

Please read the instructions carefully. Enter the information completely. Including yourself, list the names, dates of birth, relationships, and Social Security Number(s) of everyone living in your home. **Attach proof of income for any residents over 18.** Failure to provide the required income documents will delay the processing of your application. Individuals 18 or older claiming zero income must provide a notarized explanation on a separate sheet. All household members must be listed. Use an additional sheet if necessary. **Do not send original documents.**

Name	Date of Birth	Relationship	Social Security Number



All Household Income Source(s)—check all that apply. **Documentation must be provided.**

- | | | |
|---|--|--|
| <input type="checkbox"/> Active Military Pay | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Utility Allowance |
| <input type="checkbox"/> DA (Disability Assistance) | <input type="checkbox"/> SSDI | <input type="checkbox"/> VA Disability |
| <input type="checkbox"/> Employment Disability | <input type="checkbox"/> SSI | <input type="checkbox"/> VA Pension |
| <input type="checkbox"/> Interest | <input type="checkbox"/> Social Security | <input type="checkbox"/> Wages |
| <input type="checkbox"/> Inheritance | <input type="checkbox"/> TANF/ADC | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Other: _____ |

PART 5 – ASSETS

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

Check here if you have no bank accounts

Name of Bank or Credit Union	Type of Account (Checking/Savings)	Current Balance
		\$
		\$
		\$

Stocks, Bonds, Certificates of Deposit, Securities, IRA's, Etc.

List all current accounts. **Any funds drawn from the account will be counted as income.**

Check here if you have none of these accounts

Description (Name of stock, money market account, government bond, etc.)	Approximate Value
	\$
	\$
	\$

Other Real Estate Owned or Co-Owned

(List all current real estate owned other than primary residence. Rent payments are considered income)

Check here if you have no other owned or co-owned real estate

Description (Rental property, vacation home, etc.)	Address	Monthly Rent
		\$
		\$
		\$



PART 6 – MORTGAGE INFORMATION

You must answer all the questions. If something does not apply to you, answer N/A.

Is your home paid in full? Yes No
 Do you have a reverse mortgage? Yes No

List all mortgages on the property:

Bank /Lending Institution	Original Mortgage Amount	Current Mortgage Balance	Monthly Payment	Type of Loan**

****For the type of loan, please indicate whether it is: FHA, VA, Conventional, or Land Contract**

Do you reside in the home all 12 months of the year? Yes No
 Do you use your property for business purposes? Yes No

If yes, please describe the business: _____

This section is intentionally left blank.



PART 7 – CONDITIONS

The Applicant(s) agree that the presence of hazardous conditions may disqualify and exclude their housing unit from eligibility for participation in the HSTS Program and affirm that their housing unit is free of:

- Infestation by rats, mice, or other vermin;
- Infestation by fleas, lice, or other insects;
- No animal waste inside the home;
- Cluttered debris or stored materials suitable for rodent or insect habitat; and
- Visible mold or mildew.

I/we affirm that my/our housing unit is free of the above-listed hazards and further affirm that I/we understand that the presence of any of the above-listed hazards may disqualify and exclude my/our housing unit from eligibility for participation in the HSTS Program.

The Applicant(s) acknowledge that County of Summit Department of Community and Economic Development staff reserve the right to determine if the dollar amount needed to rehabilitate my/our housing unit exceeds the maximum amount allowed per project and that this may disqualify and exclude my/our housing unit from eligibility for participation in the HSTS Program. The Applicant(s) also acknowledges that repairs through this program will only address health and safety concerns, not aesthetics.

Signature of Applicant

Date

Signature of Co-Applicant

Date

This section is intentionally left blank.



PART 8 – CERTIFICATIONS

The Applicant(s) certify that they are the legal owner of the property listed in this application and that the HSTS 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 County of Summit Department of Community and Economic Development (SCDOD) review panel determines the cost of rehabilitation exceeds the maximum amount per program guidelines, no state or federal funds will be invested in the property and the application will be closed. The Applicant(s) acknowledge(s) and agree(s) that they 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:

- They 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 SCDOD review panel will all be used to determine eligibility.
- They will use the property in a lawful manner with regard to occupancy, zoning ordinances, and property maintenance codes.
- They 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 the SCDOD 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 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, gender identity, sexual orientation, and/or national origin. The United States shall be a beneficiary of these provisions both for and 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 9 – ACKNOWLEDGMENT OF 5-YEAR FORGIVABLE LOAN

The applicant(s) acknowledge that by qualifying for and receiving 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 for the term of the loan.

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 re-finance. After the fifth loan installment 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, otherwise no longer the applicant’s primary residence, or the applicant passes away, at any point during the five (5) year period, the amount of the loan that has not been forgiven itself will be due to the County of Summit.

Signature of Applicant

Date

Signature of Co-Applicant

Date

This section is intentionally left blank.



PART 10 – WALK AWAY POLICY/APPLICATION CLOSURE

Regardless of eligibility, under certain circumstances, an applicant may not receive assistance through the County of Summit 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 work the owner and/or occupants continually fail to cooperate with staff or contractors
- The 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.
- The work scope is larger than what the program can address.
- Failure on the part of the applicant/owner to demonstrate pride of ownership. Conditions included under pride of ownership include, but are 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
- Failure to return phone calls to County staff or contractors in a timely manner.
- Failure to have an adult in the home while County staff and/or contractors are present.
- Failure to allow final inspections from County staff and/or contractors.

Under any of the circumstances, assistance may be withheld and/or terminated at the discretion of the County of Summit Department of Community and Economic Development. Any work that may have been completed prior to a violation of any of the above items will be invoiced to the client and due immediately.

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



PART 11 – 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 who 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.

Consent

Client Name: _____ Birthdate: _____
Signature: _____ Date: _____

Personal Representative or Guardian (only if applicable)

Name: _____ Relationship to Client: _____
Signature: _____ Date: _____

Contact Preferences (You may select more than one)

Email: _____
Text: _____
Phone: _____



Only complete if Federal taxes are not filed

AFFIDAVIT FOR NOT FILING FEDERAL TAXES

I, _____, did not file federal taxes in **2024** because I was
(Print name)

Check one:

- No longer required to file
- A full-time student
- Unemployed

Print name: _____

Signature: _____ Date: _____

Address: _____
(Street) (City) (State) (Zip)

STATE OF OHIO
COUNTY OF SUMMIT

The foregoing instrument was acknowledged before me on _____
(Date)

by _____
(Name of person acknowledged)

Notary Public Print Name

Notary Public Signature

My commission expires (date)

Affix Notary Seal

