

CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

HOUSEHOLD SEWAGE TREATMENT SYSTEM REPLACEMENT PROGRAM

Please answer All Questions

Applicant Last Name	First	Middle Initial	Social Security Number
Co-Applicant Last Name	First	Middle Initial	Social Security Number
Address ()		City ()	Zip code
Home Phone Number		Work Phone Number	

Please check the appropriate responses

Head of Household: Male <input type="checkbox"/>		Female <input type="checkbox"/>	
Ethnicity: Hispanic/Latino		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Race: White <input type="checkbox"/>		Asian <input type="checkbox"/>	
Black or African American <input type="checkbox"/>		American Indian or Alaska Native <input type="checkbox"/>	
Native Hawaiian or Pacific Islander <input type="checkbox"/>		Other/Multi-Racial <input type="checkbox"/>	
**Demographic data is obtained for statistical purposes only and is not considered for eligibility.			

List all household members who live at your address.

Full Name	Date of Birth	Relationship to <u>You</u> (spouse, son, daughter, etc.)

5550 Venture Drive ♦ Parma, Ohio 44130

Direct: 216-201-2000 ♦ Fax: 216-676-1311 ♦ TTY: 216-676-1313 ♦ www.ccbh.net

Terrence M. Allan, R.S., M.P.H. Health Commissioner

Please list Total Household Income. You must submit proof of income. Examples of income are:

- Two recent Pay Stubs
- Social Security Benefit Statement/Disability/SSI benefit statement
- Pension Statement
- Child Support payment or Alimony voucher
- Unemployment Statement
- Public Assistance or Student Loan Letter
- Last 2 quarterly statements for any interest bearing accounts (see page XX for more details)
- If *Self-Employed* you **must** submit a **signed** copy of last year's Tax Return with Schedule C
- Non-working adult (18+ years old): Head of household must submit a complete and **signed** copy of last year's Tax Return with Schedule C showing non-working adult as a dependent.

Applicant Income: \$ _____ Yearly Monthly
Co-Applicant Income \$ _____ Yearly Monthly
Other Adult Income \$ _____ Yearly Monthly

APPLICATIONS SUBMITTED WITHOUT INCOME DOCUMENTATION WILL NOT BE ACCEPTED.

The occupant and co-occupant certify that all information on this application, and all information furnished in support of this application, is given for the purpose of obtaining a loan under the Sewage Treatment System Replacement Program, and is true and complete to the best of the occupants' knowledge and belief. Verification may be obtained from any source herein.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statement or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

Applicant's Signature

Date

Co-Applicant's Signature

Date

Mail in your signed original application. Faxed applications are not accepted.

RELEASE OF INFORMATION FORM

Purpose: To make sure that assistance is used properly, Federal laws require that the information that you provide be verified. To receive assistance from the Cuyahoga County Board of Health, applicants and all household members who are 18 years of age or older are required to sign this form that authorizes the above-named organization to obtain information from third parties relative to your eligibility and participation in its programs.

Consequences for Not Signing the Consent Form. If you fail to sign this form, or the individual verification forms, this may result in your assistance being denied.

Types of information to be Released. I authorize the above-named organization and the Cuyahoga County Board of Health to obtain information about me and my household that is pertinent to eligibility for participation in the Household Sewage Treatment System Replacement Program. Information may be made about the following items:

- Income (all sources)
- Assets (all sources)

I acknowledge that:

- I have the right to review the file and the information received using this form.
- I have the right to copy information from this file and to request correction of information that I believe is inaccurate.
- All adult household members will sign this form and cooperate with the Cuyahoga County Board of Health in this process.

Instructions. Each household member 18 years of age or older must sign below.

Please print and sign your name and date:

_____ Head of Household – Print your name	_____ Signature	_____ Date
_____ Other Adult Member of Household – Print your name	_____ Signature	_____ Date
_____ Other Adult Member of Household – Print your name	_____ Signature	_____ Date
_____ Other Adult Member of Household – Print your name	_____ Signature	_____ Date

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CHECKLIST

- Proof of income for anyone 18 years and older
 - Copy of last two pay stubs for all adult household members
 - Copy of recent Social Security/Disability/SSI Benefit Statement
 - Copy of recent Pension Statement
 - Copy of recent Child Support Payment or Alimony Voucher
 - Copy of recent Unemployment Award letter
 - Copy of recent Public Assistance Letter
 - Copy of recent Student Loan Letter
 - Copy of last two quarterly statements for any stocks, bonds, money market, IRA, 401K, Keogh accounts or any similar types of interest bearing accounts.
 - Self Employed: Submit a signed copy of last year's Tax Return with Schedule C.
 - Non-working adult: Head of household must submit a complete and signed copy of last year's Tax Return with Schedule C showing non-working adult as a dependent.
- Release of information Form – Must sign

You have finished the Household Sewage Treatment System Replacement Program application. Mail application and attachments to:

Cuyahoga County Board of Health
Attn: Domenica McClintock
5550 Venture Drive
Parma, Ohio 44130

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