



Lake County General Health District

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www.lcghd.org

FINANCIAL ASSISTANCE FOR REPAIR/REPLACEMENT OF FAILING HOME SEWAGE SYSTEM WPCLF HSTS APPLICATION 2024

Applicant (Head of Household)

Full Name _____ M ___ F ___
 Home Address _____ City _____ Zip _____
 Home phone _____ Cell phone _____ Email address _____
 Marital Status: Married ___ Separated ___ Unmarried (Inc. Divorced) ___
 Employer _____ Phone _____ # of years employed _____
 Address _____ City _____ Zip _____

Co-Applicant

Full Name _____ M ___ F ___
 Home Address _____ City _____ Zip _____
 Home phone _____ Cell phone _____ Email address _____
 Marital Status: Married ___ Separated ___ Unmarried (Inc. Divorced) ___
 Employer _____ Phone _____ # of years employed _____
 Address _____ City _____ Zip _____

LIST ALL PEOPLE LIVING IN YOUR HOUSEHOLD INCLUDING YOURSELF:

| Name | Relationship | Age | Employed? (Y/N) |
|------|--------------|-----|-----------------|
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TOTAL INCOME PER YEAR: All sources of income from each household member over 18 years of age must be included in table below.

***Please note: Documentation verifying income must be provided with this application.**

| Type of Income | Head of Household | Occupant 2 | Occupant 3 | Occupant 4 |
|--------------------------------|-------------------|------------|------------|------------|
| Base Employment (gross salary) | | | | |
| Pension/Retirement | | | | |
| Dividends, Interest | | | | |
| Social Security | | | | |
| Rental Income | | | | |
| Welfare | | | | |
| Alimony | | | | |
| Unemployment | | | | |
| Disability Compensation | | | | |
| Other | | | | |

Total Household Projected Gross Income for current year: \$_____

Are you the owner and occupant of the property you are seeking assistance for? YES ___ NO ___

Have you had the property foreclosed upon? YES ___ NO ___

APPLICANT RELEASE TO OBTAIN VERIFICATION OF INCOME

As an applicant to the WPLCF HSTS REPAIR/REPLACEMENT PROJECT, I (we) do hereby give my (our) permission to Lake County General Health District staff administering this Program to contact my (our) employer(s), or other person(s) or companies to verify information I (we) have supplied the County concerning my (our) income, home ownership, and occupants as reported herein by me (us).

Signature

Date

Signature

Date