



ENVIRONMENTAL HEALTH
 150 E. Second St.
 Chillicothe, OH 45601
 Phone: 740.775.1158 Fax: 740.779-9615

**INTAKE FOR WPCLF ASSISTANCE TO REPAIR OR REPLACE A FAILING
 HOUSEHOLD SEWAGE TREATMENT SYSTEM**

Applicant Information

Owner Name:		Date:		
Address:		City:	State:	Zip:
Email:		Phone:	Cell Phone:	

Is the title to the property listed under the occupant's name? Yes No

Is the dwelling the owner's primary residence? Yes No

Total number of bedrooms: _____

State the name, age, and income of all individuals in the household:

- 1. _____ Age _____ Income \$ _____
- 2. _____ Age _____ Income \$ _____
- 3. _____ Age _____ Income \$ _____
- 4. _____ Age _____ Income \$ _____
- 5. _____ Age _____ Income \$ _____
- 6. _____ Age _____ Income \$ _____
- 7. _____ Age _____ Income \$ _____

Total household income \$ _____

Description of problem occurring

***Attach all income verification documents to this application (Last two months of pay stubs, Security Statements, etc.)**

I, as owner of the above property, believe to the best of my knowledge, that all the information provided is correct.

Owner Signature: _____ Date: _____

Eligible projects will be selected based on the severity of the failure, risk to environment and availability of funds. Completion of this application does not guarantee selection for the WPCLF program.

Application received by:	Date:
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