

Pickaway County Public Health

110 Island Road, Suite C, Circleville, OH 43113

Phone 740-477-9667 | Fax 740-474-5523 | Clinical Health Fax 740-420-6102



**PICKAWAY COUNTY
PUBLIC HEALTH**

We Care.

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

Is your home currently for sale, has it been for sale within the last 6 months, or do you plan on selling your home within the next 6 months? Yes No

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 \$ _____

Total Household income \$ _____

***Attach all income verification documents to this application (Last two months of pay stubs, Security Statements, or copies of all W-2 forms, Tax Returns, etc.)**

I/We; the undersigned, certify that to the best of my knowledge and belief that all the information on this form 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. Incomplete applications will not be considered for funding.

Application received by:	Date:
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