



**Putnam County
Health Department**

256 E. Williamstown Rd. Ottawa, OH 45875
419-523-5608

**Household Sewage Treatment System
Repair or Replacement Program
Owner Application**

Homeowner Name		
Address		
City/Village	State	Zip
Phone #	Email	

Including yourself, please list everyone living in the household and total Income for 2025

Household Member Name	Relationship to You	Receiving Income YES or NO	Yearly Income *
	Self		

Anyone in the household 18 years and older receiving income **MUST** provide proof of income and be listed.
Proof of income options are listed below.

Proof of Income

Please indicate which form of verification you are providing with this application. This must match the information provided above. You must include all reportable income.

_____ 2025 W2 Tax Return, if self employed include Adjusted Gross Income

_____ 4 consecutive weeks of pay stubs reflecting year-to-date earnings, if income would not be included W2 tax form

_____ Statement from Agency for monthly Social Security, Disability, Child Support, Pension, and/or Unemployment benefits (if applicable)

_____ any 1099 form for any household member (if applicable)

_____ (Initial here)	I grant permission to all parties involved in the repair or replacement of my household sewage treatment system access to my property, including but not limited to the county health department, soil evaluator, system designer, installers bidding on the work; and the installer and their employees contracted to repair/replace the system.
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I understand that by completing this application it does not guarantee my household funding for the replacement or repair of your household sewage treatment system. I understand that by signing this form I am giving authorization to all persons listed above to enter my property. I certify that the information I have provided in this application is, to the best of my knowledge true, accurate and a complete disclosure of the requested income information. Upon selection, I understand and agree to provide all monies required (if not fully 100% funded) the 15% or 50% of the funds prior to work commencing on repairs or installation of a new system. I understand that if I decide not to follow through with the repairs or the installation of the replacement system I am responsible for all work that has been completed to that point.

Signature

Date