



LAWRENCE COUNTY HEALTH DEPARTMENT

2122 So. 8th Street
Ironton, OH 45638
740-532-3962



Georgia Dillon, APRN, CNP
Health Commissioner

Jim Meadows, MD
Medical Director

2021 Water Pollution Control Loan Fund (WPCLF) Application

Applicant- (Head of Household)

Full Name: _____ Male Female

Home Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Marital Status: Married Separated Unmarried (including divorced)

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____ Number of Years Employed: _____

Co-Applicant- (if necessary)

Full Name: _____ Male Female

Home Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Marital Status: Married Separated Unmarried (including divorced)

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____ Number of Years Employed: _____

List all people living in the household (attach additional page if necessary).

Name	Relationship	Age	Employed? (Y/N)

Lawrence County Board of Health:
Randy Lambert, President ● Curtis Anderson, Vice President
Lois Herrell ● Brenda Shipley ● Ryan Brislin, MD



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Total Household Income Per Year- (All sources of income from each household member over 18 years of age must be included in table below. Attach additional page as necessary.)

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 Income for 2020: \$ _____

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 Lawrence County Health Department (LCHD) 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).

Applicant Signature

Date

Co-Applicant Signature (if necessary)

Date

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