

2026 Erie County HSTS Replacement Program

What does this program fund?

The following are funded following an evaluation by the local Health Department after an application is reviewed for funding eligibility income and ownership criteria.

- Repairs to Septic Systems
- Replacing Septic Systems
- Tap-in to Sanitary Sewers

What are the qualifications for funding?

- 1) Own and live in the home as their primary residence
- 2) Live in a home with a **legally filed** land contract. Legally filed meaning it is recorded at the County Courthouse.
- 3) Those purchasing a property with a failed or failing system, determined by the Erie County Health Department, can receive Pre-Approval pending transfer of ownership.
- 4) Meet one of the Income Guidelines provided below:

Persons living in the household	100% Grant Funding below 100% Poverty	85% Grant Funding between 100% and 200% Poverty	50% Grant Funding between 200% and 300% Poverty
1-4	\$0 – \$33,000	\$33,001 – \$66,000	\$66,001 – \$99,000
5	\$0 – \$38,680	\$38,681 – \$77,360	\$77,361 – \$116,040
6	\$0 – \$44,360	\$44,361 – \$88,720	\$88,721 – \$133,080
7	\$0 – \$50,040	\$50,041 – \$100,080	\$100,080 – \$150,120
8	\$0 – \$55,720	\$55,721 – \$111,440	\$111,441 – \$167,160
Add for each additional person \$5,680			
Number based on 2026 U.S. Dept. of Health and Human Services Poverty Guidelines			

Who is not eligible?

- Rental property Residents
- Property Owners who have listed their properties for sale.
- New Homes

What do I have to provide to verify my income?

All household members **over 18 years of age must provide 1** of the following:

Employment Copies of four (4) weeks of pay stubs reflecting year-to-date totals and signed Employment Verification form **OR** a copy of the most recent year’s Federal filed income taxes (State and Local income tax forms are not utilized at all).

OR

Fixed Income A statement from the agency verifying the amount of monthly income received Unemployment, Social Security, Disability, SSI, Child Support, Pension, etc.

OR

Self-Employment A copy of most recent year’s Federal filed income taxes, including Profit and Loss Statement.

AND

Interest Income A copy of a bank statement reflecting the amount of interest earned last year.

Participants in the program must:

1. Upon receiving an Approval Letter, the applicant must pay a \$1,500 administration fee for HSTS Replacement OR \$1,100 administrative fee for HSTS Repair, as determined by Health Department evaluation of the current system; or Sewer Connection to public sewers before any bidding is initiated.
2. Applicant must grant Permission to anyone involved in this project to enter the property. This includes but is not limited to health department officials, the funding agency (Ohio EPA), soil evaluator, system designer, all contractors bidding on installation, installation contractor, and employees.
3. The applicant is **NOT** to contract with any local sewage installation contractor or designer as all work is contracted through the local Health Department and their administrating agent. Contractors registered with the local health department for sewer installation and design will be contacted to bid on each system. If a Soils Evaluation and/or System Design has been completed it is not eligible for this grant funding.
4. Pay all program matching dollars before installation may begin.
5. Must obtain and pay for Operation and Maintenance Permits, not covered through this grant, on the system over the life of the system as required by the Erie County Health Department.
6. Must obtain and pay for a Maintenance (Service) Agreement with a qualified Service Provider, if required for the system installed, for the life of the system as required by the Erie County Health Department.
7. Additional program information will be provided in the written Approval Letter sent to all applicants upon meeting all requirements of the program.

It is important that all applicants be aware, this program **WILL NOT** cover the following costs:

1. Abandonment of drinking water wells, even if required by the local Health Department for an Operation Permit.
2. Administrative costs.
3. Installation of a septic system for a new home.
4. Repairs to an existing Sanitary Sewer connection.
5. Installation of a replacement system for a Property Owner under contract to sell their home.
6. Operation or Maintenance permits.
7. Service or Maintenance Agreements, including tank pumping prior to or after installation.

How do I apply?

Contact the Great Lakes Community Action Partnership at 1-800-775-9767; Or Cindy Brookes at 419-469-6341
cabrookes@glcap.org.

**LIMITED FUNDS AVAILABLE
CALL OR EMAIL TODAY FOR AN APPLICATION!**