Pipestone County Conservation & Zoning

119 Second Avenue SW, Suite 13 Pipestone, MN 56164

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Phone: 507-825-1185 • Fax: 507-825-6782 • <u>www.pipestoneswcd.org</u> • <u>www.pipestone-county.com</u>

2020 PIPESTONE SWCD MPCA LOW INCOME SSTS GRANT PROGRAM APPLICATION

1.		2.		
ame of Applicant (Must be the property owner) Telephone #			Telephone #	
3	-			
Mailing Address		City	State	Zip
4/		Signature:		
Name of Contract for Deed Vendor/Vend	dee			
7	8	9	10	
Township Name	Section #	Quarter	Parcel #	

11. I hereby authorize the release of the first two pages of my 10-40 tax documents to the Pipestone County Soil and Water Conservation District for the purpose of determining the adjusted gross income for a grant on a septic system. The approval of this grant is based on the conditions that the adjusted gross income of the property owner/owners, is equal to or less than the low or very low income level for the number of persons being claimed on the applicant's tax statements as shown below. Other requirements include that the owner/owners reside in the residence and do not transfer the land within 5 years. Grant dollars will not be given out to homeowners that build or plan to build a new house. Grant dollars will be given out on a first come first serve basis. Grant payments shall be paid after submittal of all bills and final system inspection and approval. Grant amounts will be at a rate of 50% not to exceed \$7,500 for households in the low income category and at a rate of 75% not to exceed \$10,000 for households in the very low income category. Grant amounts will be paid to the homeowner after the certificate of compliance has been issued by the Pipestone County Conservation & Zoning Office.

***Have your contractor call the County office at 507-825-1185, for a preliminary site evaluation. Site evaluation must be completed prior to grant approval.

Signature:

Applicant				_ Date	Date				
Co	o-Applicant					_ Date			
		AJUST	ED	імсо	ME	LIMI	r s		
GRANT	PERSONS IN HOUSEH	IOLD 1	2	3	4	5	6	7	8
MPCA	VERY LOW INCOME	36200	36200	36200	36200	47800	47800	47800	47800
	LOW INCOME	57900	57900	57900	57900	76450	76450	76450	76450
Office Use Or	ıly:								
11									
Grant App	proval Date	Grant I	Fund	I	Approved B	У			
12									
Installer		Install	Installation Date Design Receiv		eived	d SSTS Fee Paid			
13. Total Cos	st	Grant	Amount_		Check #		Check Date		ate