

Low-Income Septic Grant Application for Septic System Upgrade

Kanabec Soil & Water Conservation District 2008 Mahogany St Ste 3 • Mora, MN • 55051 (320) 679-1391

Full Grant

About: Kanabec SWCD offers a low-income septic grant for replacement of non-compliant septic systems. Repair, replace, or upgrade of any portion of a non-compliant septic system deemed an Imminent Threat to Public Health or Failing to Protect Groundwater.

APPLICATION REQUIREMENTS

Your application will not be processed until all documentation is received at our office. The award of grant dollars is on a first come, first served basis, and is based on complete applications. The Kanabec SWCD Office determines what constitutes a complete application.

DOCUMENTATION REQUIREMENTS:

| □ IRS form 1040, 1040A, SSA-1099 | Family Size | Funding Income Limit |
|--|-------------------|--|
| Paystubs (2 months) will be acceptable in the absence of IRS 1040 or SSA-1099 | 1 | \$30,900 |
| Family Size: Annual Household Income: | 2 | \$35,300 |
| □ The property must currently have a noncompliant septic system | 3 | \$39,700 |
| Provide documentation of septic noncompliance. | 4 | \$44,100 |
| □ Seek out a minimum of two bids for the septic installation from MN certified installers. | 5 | \$47,650 |
| Provide copies of the two bids. | 6 | \$51,200 |
| CRITERIA: | 7 | \$54,700 |
| The property must have a county assessed value at least \$30,000 The property must be classified as "homestead," by the County assessor The applicant must own the house either free of debt or through mortgage. If owned with a mortgage all payments must be current. The property cannot be | Source | <u>US Dept. of HUD</u> "50% Income Limit." |
| The property cannot be current on property taxes Provide documentation of payment of current taxes. | Grant Coverage | Up to 100% based on length of ownership after installation. |

| APPLICANT | | | | | |
|---------------------------------|-------|-------|-----|--|--|
| Name | Phone | | | | |
| Mailing Address | City | State | ZIP | | |
| Property Address (if different) | City | State | ZIP | | |
| | | | | | |

Email Address

| PROPERTY INFORMATION | | | | | | | | | | | | | |
|----------------------|--|--|---|--|--|--|--|---|--|--|--|--|---------------------|
| Primary PID | | | - | | | | | - | | | | | Number of Bedrooms: |
| | | | | | | | | | | | | | |

AGREEMENT

Applicant understands this application does not guarantee grant approval; grant requirements must be met. If grant is approved, the undersigned understands they must comply with all application procedures to fully execute the grant and grant approval is only valid for one year from the date application is received by the SWCD. The undersigned hereby permits Kanabec SWCD Officials to enter upon the subject property during normal business hours for the purpose of such inspections as may be appropriate for Officials to process this grant application. Intentional or unintentional falsification of this application or any attachments thereto will make the application and any approval of the application invalid.

| *Applicant Signature | | *Date | | | | | | | | |
|----------------------|---------------|-------|--|--|--|--|--|--|--|--|
| FOR OFFICE USE ONLY- | | | | | | | | | | |
| Date Received | File # | | | | | | | | | |
| | SSTS Permit # | | | | | | | | | |