



# Pipestone County Conservation & Zoning

119 Second Avenue SW, Suite 13  
Pipestone, MN 56164



Phone: 507-825-1185 • Fax: 507-825-6782 • [www.pipestoneswcd.org](http://www.pipestoneswcd.org) • [www.pipestone-county.com](http://www.pipestone-county.com)

## 2018 PIPESTONE SWCD MPCA LOW INCOME SSTS GRANT PROGRAM APPLICATION

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 Name of Applicant (Must be the property owner) Telephone #

3. \_\_\_\_\_  
 Mailing Address City State Zip

4. \_\_\_\_\_ / \_\_\_\_\_  
 Name of Contract for Deed Vendor/Vendee Signature: \_\_\_\_\_ / \_\_\_\_\_

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 \$5,000 for households in the low income category and at a rate of 75% not to exceed \$7,500 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 \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

GRANT	PERSONS IN HOUSEHOLD	A D J U S T E D I N C O M E L I M I T S							
		1	2	3	4	5	6	7	8
MPCA	VERY LOW INCOME	22900	26150	29400	32650	35300	37900	40500	43100
	LOW INCOME	36600	41800	47050	52250	56450	60600	64800	68950

Office Use Only:

11. \_\_\_\_\_  
 Grant Approval Date Grant Fund Approved By

12. \_\_\_\_\_  
 Installer Installation Date Design Received SSTS Fee Paid

13. Total Cost \_\_\_\_\_ Grant Amount \_\_\_\_\_ Check # \_\_\_\_\_ Check Date \_\_\_\_\_