

About: Kanabec SWCD offers a low-income septic grant for the replacement of non-compliant septic systems. Repair, replace, or upgrade 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:						Family Size		Full Grant Funding Income Limit	
Paystubs (2 months) will be acceptable in the absence of IRS 1040 or SSA-1099 Family Size: Annual Household Income:						1	9	30,900	
□ The property must currently have a non-compliant septic system						2		\$35,300	
Provide documentation of septic noncompliance.						3	\$39,700		
□ Seek out at least two bids for the septic installation from MN-certified installers.					4	\$44,100			
Provide copies of the two bids.						5		\$47,650	
CRITERIA:						6		\$51,200	
\Box The property must have a county-assessed value of at least \$30,000						7		\$54,700	
\Box The property must be classified as "homestead," by the County Assessor								US Dept. of HUD	
The applicant must own the house either free of debt or through a mortgage. If owned with a mortgage all payments must be current. The property cannot be capable of being repossessed.						ource "50% Income Limit."			
□ The property must be current on property taxes									
 Provide documentation of payment of current taxes. If the terms and conditions of this contract or its criteria are not met or if false information was provided on an application, the party providing the service or product may legally seek recoup payment from the recipient 						rant /erage	Up to 100%		to
APPLICANT									
Name Phone									
Mailing Address			City			State	ZIP		
Property Address (if different)			City	/ State		State	ZIP		
Email Address									
PROPERTY INFORMATION									
Primary PID		Number	drooms:						
ADDITIONAL TERMS									
Applicant understands this application does not guarantee grant app understands they must comply with all application procedures to ful application is received by the SWCD. The undersigned hereby perm business hours for the purpose of such inspections as may be appro falsification of this application or any attachments thereto will make	lly execut nits Kanal opriate fo	e the gran bec SWCD r Officials t	t and g Officia o proc	rant approval ls to enter upo ess this grant a	is only on the s applica	valid for subject p tion. Inte	rone y propert	ear from the y during norm	date nal
*Applicant Signature *Date									
FOR	OFFICE		-						
Date Received		F	ile #						
		SSTS Perr	nit #						