



Lincoln County Environmental Office
221 N. Wallace Avenue – PO Box 66, Ivanhoe, MN 56142
Phone: 507-694-1344 • Fax: 507-694-1341 • www.co.lincoln.mn.us

BWSR SSTS LOW INCOME GRANT PROGRAM APPLICATION

1. _____ 2. _____
NAME OF APPLICANT (MUST BE THE PROPERTY OWNER) TELEPHONE #

3. _____
MAILING ADDRESS CITY STATE ZIP

4. _____ / _____
NAME(S) OF CONTRACT FOR DEED VENDOR SIGNATURE(S)

7. _____ 8. _____ 9. _____ / _____ 10. _____
TOWNSHIP NAME SECTION # TOWNSHIP # RANGE # PARCEL #

- I hereby authorize the release of the first page of my 1040 tax documents to the Lincoln County Environmental Office 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 income level for the number of persons being claimed on the applicant's tax statements as shown below.
- **Income Bracket 1: Grant shall not exceed the lessor of \$15,000.00 or 75% of total cost of SSTS replacement.**
Income Bracket 2: Grant shall not exceed the lessor of \$10,000.00 or 50% of total cost of SSTS replacement.
- Grant dollars will be given out on a first come first serve basis based on grant approval date.
- System must be installed by October 1st of the current year.
- Preliminary Site evaluation must be completed prior to grant approval.
- Property must be owner/owners' permanent residence.
- The owner/owners must reside in the residence and do not transfer the land within 5 years.
- The owner/owners will be responsible for the operation and maintenance of the system applied under this program in accordance with the Management Plan included with the System Design.
- Grant payments shall be paid after submittal of all bills and final system inspection and approval.
- Grant amounts will be paid to the contractor/landowner after completion of the system and the certificate of compliance has been issued by the Lincoln County Environmental Office.

APPLICANT _____	SIGNATURE				CO-APPLICANT _____	SIGNATURE			
Adjusted Gross Income Limits	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person	
Bracket 1: 75% Cost Share	35,040	40,020	45,000	49,980	54,000	58,020	61,980	66,000	
Bracket 2: 50% Cost share	46,700	53,350	60,000	66,650	72,000	77,350	82,650	88,000	

OFFICE USE ONLY: ☐ 75% Cost Share ☐ 50% Cost Share

Installer License # Cost Estimate Design Received Date

Grant Approval Date Installation Date Final Cost Grant Amount

Grant Approved By: _____