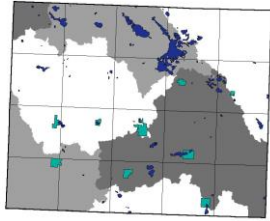


Murray County Septic System Low Income Cost Share Program



Coordinated by the Murray
County Water Resources Department
2500 28th Street, PO Box #57, Slayton MN 56172-0057
telephone (507) 836-1165 fax (507) 836-8904



COST SHARE FIX-UP FUND APPLICATION PROCEDURE

Murray County has been awarded a grant from the Clean Water Legacy Act (MN Stat. Ch. 114D) which can be used to replace subsurface sewage treatment systems (SSTS) that have been deemed to be an Imminent Threat to Public Health or Failing to Protect Groundwater.

To qualify:

- Funding is only for homesteaded single-family homes with SSTS's located entirely within Murray County.
- Eligible projects must have the existing septic system verified to be in noncompliance by the County.
- You must own the house; either free of debt or through a mortgage.
- Taxes must be current. Loan payment must be current. The property is not currently or imminently subject to repossession, forfeiture, or foreclosure.
- Project must be completed by June 30, 2016.
- Household gross annual income (including Social Security, wages and all regular sources) is equal to or less than the following limits:

Number of people in home	1 Person	2 People	3 People	4 People	5 People	6 People
Annual Household Income	\$34,550	\$39,500	\$44,400	\$49,350	\$53,300	\$57,250

(To determine eligibility look at number of persons in family. Your income tax return line 37-for form 1040- must be at, or lower than this number.)

The Murray County SSTS Local Cost Share Fix-up Fund Program application process is on a first come first served basis and will cover 80 percent of the construction cost of the system.

The following documentation needs to be submitted with the application:

- A non-refundable application fee of \$20.00 must accompany the application (*payable to the Murray County Auditor's Office*).
- Documentation of current and historic loan payments.
- Documentation of household members (18 years and older) annual gross income and source of income.
- Copy of 1040 Income Tax IRS Forms.

Your application will not be processed until all necessary and requested documentation is received at our office.

**MURRAY COUNTY SSTS SEPTIC SYSTEM LOW
INCOME COST SHARE PROGRAM 2014 APPLICATION**

Part 1:

Applicant Name: _____ Married
_____ Separated
_____ Unmarried

Co-Applicant Name: _____ (includes widowed, divorced, or
single)

Street Address: _____ How long have you lived here? _____

City, State, Zip: _____

Home Phone: _____

Part 2: Household Information

How many people live permanently in your household? _____

List all household members (18 years and older), their annual gross income (from your 1040 IRS Income Tax Return) and source(s) of income. (For self-employed persons, farm and rental property income, use the appropriate line for "adjusted gross income" from the 1040 IRS Income Tax Return.)

Include copy of 1040 Income Tax IRS Forms.

Name	Birth Date	Gross Income	Source of Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part 3: From Your Last Property Tax Statement:

- What is the Estimated Market Value of your home? _____
- What are your yearly property taxes? _____
- Are your property taxes current? _____
- Number of Bedrooms _____
- Number of Bathrooms _____

Part 4: Certification

I (We) certify that by signing this that the information stated above is true and correct to the best of my knowledge. I (We) realize that giving false information will result in disqualifying me from assistance from the Murray County SSTS Local Cost Share Fix-up Fund Program, as well as subjecting me (us) to potential civil and criminal consequences under the laws of the State of Minnesota.

Signature of Applicant: _____ Date: _____

Signature of Co-applicant: _____ Date: _____