

Only fill out this sheet if applying for more than 50% assistance. Income documents for all household members must be submitted to be considered for additional assistance. See income eligibility table.



**Piedmont Soil & Water Conservation District
319(h) Residential Septic Financial Assistance Program
Application/Income Eligibility Worksheet**

Applicant's Name: _____

Spouse's Name (if applicable): _____

Marital Status: ___ Married ___ Single

Total Number of People in Household: _____ How many people in household are age 18 or older? _____

Yearly Income for **Household**: _____

***Please list total combined income for all household members.**

I have **submitted** the following verification documents (check all that apply):

If you have filed a tax return, you must submit it to the District as income verification.

- Most recent tax return W-2 Social Security statement Pay stubs
 Retirement statement Disability statement Other: _____

Notes or Comments: _____

Signature: I, _____, certify that I have completed this application truthfully and to the best of my knowledge and wish to be considered for assistance for a residential septic BMP from the Piedmont SWCD. I agree to allow appropriate staff to verify the yearly gross household income I have provided above for the purposes of cost-share assistance greater than 50%.

Office Use Only

Income sources and amounts:

Amount of cost-share applicant is eligible to receive: _____

Verified by staff: _____