

**Only fill out this sheet if applying for more than 50% financial assistance. Proof of income documents must be submitted to be considered for additional assistance.**



We work with the people who work the land.

**Mountain Castles 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 over age 18? \_\_\_\_\_

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 BMP from the Mountain Castles 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%.

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**Office Use Only**

Income sources and amounts:  
\_\_\_\_\_  
\_\_\_\_\_

Amount of cost-share applicant is eligible to receive: \_\_\_\_\_

Verified by staff: \_\_\_\_\_