



**SIERRA SOIL AND WATER CONSERVATION DISTRICT  
2101 S. BROADWAY  
TRUTH OR CONSEQUENCES NM  
(575) 894-2232 FAX (575) 894-2165**

**Household Cost Share Program Application**

Name:	Telephone:
Mailing Address:	Practice: <input type="checkbox"/> Low Flow Toilet (\$100 Max) <input type="checkbox"/> Low Flow Showerhead (\$25 Max) <input type="checkbox"/> Rainwater catchment (\$150 Max) <input type="checkbox"/> Instant Hot Water Heater (\$100 Max)
Physical Location of Practice:	
May Sierra SWCD include this project on webpage interactive map: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Program Guidelines**

- \_\_\_\_\_ I reside within the boundaries of the Sierra SWCD boundaries and am submitting a full detailed receipt with all installed conservation practices. I understand the set maximum amounts for each practice listed above and also understand that I can receive a maximum of \$500 per fiscal year.
- \_\_\_\_\_ I understand that by checking “yes” above will allow Sierra SWCD to include my project on their interactive map. I understand that only pictures of my project will be included in the map

**Liability Agreement**

I, \_\_\_\_\_ (property owner) hereby agree to assume all responsibility for any damages or injuries to life or property through the installation of any conservation practice that I or my representative would apply through this program. I understand and agree that the Sierra Soil and Water Conservation District will not be liable for any damages or injuries to life or property that may result from the installation of any conservation practice approved and/or designed by the staff of the Sierra SWCD as part of their Cost-Share Program.

**I hereby certify, to the best of my knowledge, that all information contained in this application is valid and accurate and will follow all guidelines/agreements listed above.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sierra SWCD Signature

\_\_\_\_\_  
Date