



SSTS Fix Up Fund Application



NOTE: PLEASE READ THE SSTS LOAN AND GRANT GUIDANCE DOCUMENTS PRIOR TO COMPLETING THIS APPLICATION.

Applicant Information

Address of Property to Be Improved: _____

City: _____ ZIP: _____

Is the property a residence, business, or both?

Name of Landowner/Applicant: _____

Name of Business (if applicable): _____

Mailing Address (if different from above): _____

City: _____ State, ZIP: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Co-Applicant Name (if applicable): _____

Home Phone: _____ Cell Phone: _____

Email: _____

How did you hear about this program? _____

How many people live in the household? _____

For office use only:

Date application received: _____

Received by: _____

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Property Information

Name(s) appearing on the Warranty Deed _____

Property Tax Identification #: _____

Are you current on your property taxes and any assessments? YES NO

Septic System Information

Number of bedrooms _____

Number of bathrooms _____

Is your home within 1,000 feet of a lake, or 300 feet of a stream? YES NO

How old is your septic system? _____

Has your current system ever been pumped? YES NO Dates: _____

Is your system failing according to Chapter 7080 (i.e. Discharges to surface or groundwater, contains a cesspool, dry well or leach pit, or has < 3 feet of separation to groundwater) YES NO I don't know

If YES, explain _____

Have you had a licensed site evaluator/designer look at the system? YES NO

Have you received bids for the estimated cost of replacement? YES NO

If Yes, please submit with application.

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Checklist for Application Packet

Please note: providing complete documentation with your application helps expedite review of your request for financial assistance.

- Completed application signed by property owner(s)
- Copy of photo ID for all applicants
- Documentation of mortgage payments (two most recent mortgage statements)
- Present the most recent Income Tax Return
- Notice of Non-Compliance from Becker County

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 Becker County SSTS Fix Up 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: _____

For application questions contact Becker Soil & Water Conservation District at (218) 846-7360.

For questions about your SSTS, contact Becker County Planning & Zoning at (218) 846-7314

Please submit application and all supporting materials to:

**Becker Soil & Water Conservation District
809 8th Street SE
Detroit Lakes, MN 56501**

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TENNESSEN WARNING

Becker County and the Becker Soil and Water Conservation District (SWCD) are asking that you provide information on the Becker County SSTS Financial Assistance application form to determine if you are eligible to participate in the Low Income SSTS Fix Up Grant program. Your social security number is considered private data.

In accordance with the Minnesota Government Data Practices Act, Becker County is required to inform you of your rights regarding private data collected from you. We will use your private data (here your social security number) only when it is required for the administration and management of the program. Persons or agencies with whom this information may be shared include:

- SWCD staff and other persons involved in program administration
- SWCD involved in application and financial review
- Auditors who perform required audits of this program
- Authorized personnel from the Minnesota Pollution Control Agency or other local, state, and federal agencies providing funding assistance for your loan
- Those persons who you authorize to see it
- Law enforcement personnel in the case of suspected fraud or other enforcement authorities as required.

The County cannot release private data to anyone else or use the private data in anyway unless you give the County permission by completing a consent form. Please note, however, that data must be released if required by court order, and in addition, your private data may be released if Congress or the Minnesota Legislature passes a new law that authorizes or requires such release of data. Supplying the information on the application is voluntary. However a refusal to supply the information requested will mean you will not be considered for the program.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____