

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: _____

Property Tax Identification Number: _____

City, State, Zip: _____

Is the property a: Residence Business Both

Name of Property Landowner/Applicant: _____

Name of Business (if applicable): _____

Date of Birth: _____ Driver's License Number: _____

Mailing Address (if different from above): _____

City, State, Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Name of Property Co-Applicant Name (if applicable): _____

Date of Birth: _____ Driver's License Number: _____

Mailing Address (if different from above): _____

City, State, Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

How did you hear about the SSTS Program? _____

For office use only:

Date application received: _____

Received by: _____

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Property Information

Name(s) appearing on the Warranty Deed: _____

How many people live in the household? _____

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 river/stream?

Yes No

How old is your septic system? _____

Has your current system ever been pumped? Yes No

Date of last pumping: _____

Was a compliance inspection completed for your system? Yes No

If yes, was the system deemed non-compliant? Yes No

(Please provide the Notice of Noncompliance from Becker County or Licensed SSTS Inspector to determine eligibility)

Checklist for Application Packet

Providing complete documentation with your application helps to expedite review of your request for financial assistance.

- Completed application signed by all property owner(s).
- Copy of photo ID for all applicants.
- Copy of the most recent Becker County tax statement.
- Copy of the most recent Income Tax Return for all applicants.
- Notice of Non-Compliance from Becker County or Licensed SSTS Inspector.
- The project has not started.

Certification

I (We) certify that by signing this that the information stated above is true and correct to the best of my (our) knowledge. I (We) realize that giving false information will result in disqualifying me (us) 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 the application and all supporting materials to:

Becker Soil & Water Conservation District
809 8th St 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 any way 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: _____