



## AITKIN COUNTY PROPERTY REDEVELOPMENT

### Soft Cost Assistance Program Application

#### APPLICANT INFORMATION

Please complete the following information. All fields are required unless otherwise noted.

Developer/Company Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Website (optional): \_\_\_\_\_

#### PROJECT INFORMATION

Project Name or Site Identifier: \_\_\_\_\_

Project Address/Location: \_\_\_\_\_

City/Township: \_\_\_\_\_ Parcel ID(s): \_\_\_\_\_

Project Redevelopment Type (check all that apply):

☐ Single-Family Homes

☐ Workforce Rental Units

☐ Other: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

Brief Project Description (attach additional pages if needed):

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## INCENTIVE REQUEST

Check the soft costs for which you are requesting assistance and briefly describe the associated need/costs. Attach estimates or invoices where applicable.

| Demolition and Site Clearing   | Requesting Assistance?                                   | Description/Estimated Cost |
|--------------------------------|----------------------------------------------------------|----------------------------|
| Environmental Remediation      | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                      |
| Property Acquisition Support   | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                      |
| Site Prep and Grading          | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                      |
| Permit & Regulatory Assistance | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                      |
| Historic or Adaptive Reuse     | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                      |

Attach supporting documentation (quotes, invoices, drawings, or other relevant materials).

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## FUNDING SOURCES & MATCHING FUNDS

Will this project utilize other funding sources (public or private)?

☐ Yes ☐ No

If yes, please describe:

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Have you applied for other incentives or grants for this project?

☐ Yes ☐ No

If yes, from whom and for what purpose?

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#### SIGNATURE & AGREEMENT

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that funds awarded through the Aitkin County Housing Soft Cost Incentive Program must be used for eligible expenses only and may be subject to verification and reporting requirements.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

#### SUBMIT COMPLETED APPLICATIONS TO:

Email: [mark.jeffers@aitkincountymn.gov](mailto:mark.jeffers@aitkincountymn.gov)

Mail:  
Mark Jeffers  
Aitkin County Government Center  
307 2nd Street NW, Room 316  
Aitkin, MN 56431