



**AITKIN COUNTY SSTS  
 FIX-UP FUND PROGRAM FY 2025  
 APPLICATION**

Aitkin County was awarded a grant for upgrading eligible subsurface sewage treatment systems (SSTS) that have been deemed an Imminent Threat to Public Health or Safety or Failing to Protect Groundwater.

**To qualify:**

- a) Fix SSTS that has been deemed Failing to Protect Groundwater or an Imminent Threat to Public Health or Safety (must have been issued a Notice of Noncompliance).
- b) Funding only for homesteaded single-family homes with SSTS located entirely within Aitkin County.
- c) You must own the house; either free of debt, through a mortgage.
- d) Taxes must be current. Loan payment must be current. The property is not currently or imminently subject to repossession, forfeiture, or foreclosure.
- e) 100% of the cost to fix the SSTS will be paid to the applicant upon completion if your household gross annual income (including Social Security, wages and all regular sources) is equal to or less than the following limits:

| <b>Very Low</b> | <b>Persons in Family</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b> |
|-----------------|--------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
|                 | <b>Income</b>            | \$45,800 | \$45,800 | \$45,800 | \$45,800 | \$60,500 | \$60,500 | \$60,500 | \$60,500 |

- f) 75% of the cost to fix the SSTS will be paid to the applicant upon completion if your household gross annual income (including Social Security, wages and all regular sources) is equal to or less than the following limits:

| <b>Low</b> | <b>Persons in Family</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b> |
|------------|--------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
|            | <b>Income</b>            | \$73,300 | \$73,300 | \$73,300 | \$73,300 | \$96,800 | \$96,800 | \$96,800 | \$96,800 |

**Other considerations:**

- a) The Aitkin County SSTS Local Fix-up Fund Program FY 2025 application process is on a first-come first-served basis.
- b) Funds will be reduced if the project cost exceeds the amount of grant funds available.
- c) The Aitkin County Environmental Services Department (ACES) will release the funds to the applicant or SSTS contractor once a Certificate of Compliance has been issued.
- d) Aitkin County Environmental Services staff will help applicants during the application process, but applicants are responsible for making the choices and doing all of the listed items including, but not limited to, the following:
  - i. Applicants must provide ACES staff with necessary information promptly.

- ii. Applicants – not staff - are responsible for choosing contractors. Contractor selection shall be made on a competitive, lowest bid process. A minimum of two competitive bids is required for the installation of the designed system. The term “contractor” refers to Minnesota Pollution Control Agency (MPCA) licensed septic system designers, septic system installers, and other entities providing services to the abatement activities.
- iii. Applicants – not staff – are responsible for selecting and entering into a contract with the contractor to do the work.
- iv. Applicants and/or contractor will complete all the necessary permitting.
- v. Applicants are responsible for working with the contractors to settle any and all disagreements that may arise before, during, or after the job. If the applicant fails to abide by the program requirements or if the grantor withdraws or ceases funding for the program, the applicant shall be responsible to the contractor for all contractually agreed upon terms, including payment, without any further remedy for damages or recovery against Aitkin County or its ACESD.

If you are interested in participating in this program or have questions, call, email or write:

**Aitkin County Environmental Services**  
307 2<sup>nd</sup> St NW Room 219  
Aitkin, MN 56431  
218-927-7342  
[aitkinpz@aitkincountymn.gov](mailto:aitkinpz@aitkincountymn.gov)

**Submittal:** Email your application and supporting forms to [aitkinpz@aitkincountymn.gov](mailto:aitkinpz@aitkincountymn.gov) or mail to Aitkin County Environmental Services Department at the address listed above. Your application will not be processed until all necessary and requested documentation is received at our office. The following documentation needs to be submitted with the application:

- ☐ Documentation of payment of current taxes
- ☐ Documentation of current and historical loan payments
- ☐ Documentation of household members (18 years and older) annual gross income and source of income
- ☐ Copy of 1040 Income Tax IRS Forms
- ☐ Septic system design
- ☐ (2) Competitive bids for installation of the designed septic system.

**AITKIN COUNTY SSTS LOCAL  
FIX-UP FUND PROGRAM FY 2025  
APPLICATION**

**PART 1:**

|  |                                     |                         |  |
|--|-------------------------------------|-------------------------|--|
| Applicant Name: _____                              | Age _____                           | Social Security # _____ | Marital Status<br><input type="checkbox"/> Married<br><input type="checkbox"/> Separated<br><input type="checkbox"/> Unmarried<br>(includes widowed,<br>divorced, or single) |
| Co-Applicant Name: _____                           | _____                               | _____                   |  |
| Street Address: _____                              | How long have you lived here? _____ |                         |  |
| City, State, Zip: _____                            | Email: _____                        |                         |  |
| Home Phone: _____                                  | Work Phone: _____                   |                         |  |
| Person to contact if we<br>Cannot reach you: _____ | Relationship: _____                 |                         |  |
| Street Address: _____                              | Work Phone: _____                   |                         |  |
| City, State, Zip: _____                            | Home Phone: _____                   |                         |  |

**PART 2: HOUSEHOLD INFORMATION**

How many people live permanently in your household? \_\_\_\_\_

**Please circle the choices that reflect income sources in your house:**

|                           |                       |                   |
|---------------------------|-----------------------|-------------------|
| Salary/Wages              | Alimony/Child Support | Social Security   |
| Self-Employment           | Food Stamps           | GA/Work Readiness |
| Unemployment Compensation | SSI                   | AFDC/TANF/MFIP    |
| Veterans Benefits         | Retirement/Pension    | MSA               |
| Interest                  | Farm Income           | Rental Income     |
| AFDC                      | Other: _____          |                   |

List all household members (18 years and older), their annual gross income (from your 1040 IRS Income Tax Return) and source(s) of income. (For self-employed persons, farm and rental property income, use the appropriate line for "adjusted gross income" from the 1040 IRS Income Tax Return.) **Include copy of 1040 Income Tax IRS Forms.**

| <u>Name</u> | <u>Birth Date</u> | <u>Annual<br/>Gross Income</u> | <u>Source of Income</u> |
|-------------|-------------------|--------------------------------|-------------------------|
| _____       | _____             | _____                          | _____                   |
| _____       | _____             | _____                          | _____                   |
| _____       | _____             | _____                          | _____                   |
| _____       | _____             | _____                          | _____                   |
| _____       | _____             | _____                          | _____                   |
| _____       | _____             | _____                          | _____                   |

From your last property tax statement:

- What is the Estimated Market Value of your home? \_\_\_\_\_
- What are your yearly property taxes? \_\_\_\_\_
- Are your property taxes current? \_\_\_\_\_
- Is the property homesteaded? Yes / No

What year was the well installed? \_\_\_\_\_

What year was the septic installed? \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_

Number of Bathrooms \_\_\_\_\_

### **PART 3: 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 Aitkin County SSTS Local Fix-up Fund Program, as well as subjecting me (us) to civil and criminal consequences under the laws of the State of Minnesota.

Signature of Applicant: \_\_\_\_\_

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

Signature of Co-applicant: \_\_\_\_\_

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

## PRIVACY NOTICE

We are asking that you provide the information on the Aitkin County SSTS Local Fix-up Fund application form to determine if you are eligible to participate in the program.

Your name, address and the amount of assistance you received are considered public data under the Minnesota Data Practices Act. Other information that you provide to the program about you and your household is considered private data.

We will use your private data only when it is required for administration and management of the program. Persons or agencies with whom this information may be shared include:

- ACES Staff and other persons involved in program administration.
- 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 grant.
- Those persons who you authorize to see it.
- Law enforcement personnel in the case of suspected fraud or other enforcement authorities as required.

We cannot release private data to anyone else or use the private data in any other way unless you give us permission by completing a consent form that we will provide. Please keep in mind, 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 Legislatures passes a new law that authorizes or requires such release of data.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Minnesota law gives you important rights in regard to information maintained about you. These include:

- The right to see and obtain copies of the data maintained on you,
- Be told the contents and meaning of the data, and
- Challenge the accuracy and completeness of the data.

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