



LAC QUI PARLE COUNTY ENVIRONMENTAL OFFICE

600 6TH STR., SUITE #7 - MADISON, MN 56256

PHONE: 320-598-3132 FAX: 320-598-3125 – www.lqpc.com

SSTS FIX IT GRANT PROGRAM APPLICATION

Lac qui Parle County was awarded a grant to assist homeowner’s to fix subsurface sewage treatment systems (SSTS) that have been deemed to be Imminent Threat to Public Health or Failing to Protect Groundwater (must have been issued Notice of Non-Compliance).

To Qualify;

- ✓ Funding only for homesteaded single-family homes with SSTS’s located entirely within Lac qui Parle County.
- ✓ You must own the house; either free of debt or through a mortgage.
- ✓ Real Estate Taxes must be current. Loan payment must be current. The property is not currently or imminently subject to repossession, forfeiture or foreclosure.
- ✓ Home must not be sold within 5 years of receipt of grant.
- ✓ 75% of the cost to fix the SSTS will be paid to the applicant’s contractor upon completion if your household adjusted gross annual income (including Social Security, wages and all regular sources) is equal to or less than the following limits:

Family Size	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Income	24,350	27,800	31,300	34,750	37,550	40,350	43,100	45,900

Or;

- ✓ 50% of the cost to fix the SSTS will be paid to the applicant upon completion if your household adjusted gross annual income (including Social Security, wages and all regular sources) is equal to or less then the following limits:

Family Size	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Income	38,900	44,500	50,050	55,600	60,050	64,500	68,950	73,400

- ✓ Lac qui Parle County will release the funds to the installer once a complete invoice has been received and a Certificate of Compliance has been issued.
- ✓ The Lac qui Parle County SSTS Local Fix-It Grant Program application process is on a first come first serve basis. Funds are limited.

Lac qui Parle County Planning and Zoning Office staff will help applicant during the application process, but applicants are responsible for making the choices and during all of the listed items including, but not limited to the following:

- ✓ Applicants must provide the Lac qui Parle County Planning and Zoning Office staff with necessary information promptly.
- ✓ Applicants – not staff – are responsible for choosing contractors. 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.
- ✓ Applicants – not staff – are responsible for selecting and entering into a contract with the contractor to do the work.
- ✓ Applicants and/or contractor will complete all the necessary permitting.
- ✓ 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, 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 Lac qui Parle County.

Mail or deliver your application and supporting forms to the Lac qui Parle County Planning and Zoning Office at the address listed on page one. The following documentation needs to be submitted with the application:

- **Documentation of household members (18 years and older) annual gross income and source of income.**
- **Copy of 1040 Income Tax IRS Forms**

Your application will not be processed until all necessary and required application forms and documentation are received at our office. If you have any questions or need assistance please call (320) 598-3132.

**LAC QUI PARLE COUNTY SSTS FIX – IT GRANT
PROGRAM APPLICATION**

Part 1:

Applicant Name: _____

Co-Applicant Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Cell Phone: _____

Work Phone: _____

How long have you lived here? _____

Part 2: Location of Septic System

Township: _____ Section: _____

Legal Description: _____

Parcel#: _____

Part 3: 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-employed | 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 Gross Income</u>	<u>Source of Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

From you last property tax statement:

- What is the Estimated Market Value of your home? _____
- What are your yearly property taxes? _____
- Are your property taxes current? _____

What year was the septic system installed? _____

Number of Bedrooms? _____

Number of Bathrooms? _____

Part 4: 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 from assistance from the Lac qui Parle County SSTS Fix-it Grant 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 Applicant: _____ Date: _____

PRIVACY NOTICE

We are asking that you provide the information on the Lac qui Parle County SSTS Local Fix-it Grant 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:

- Lac qui Parle County 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 Legislature passes a new law that authorizes or requires such release of data.

Signature of Applicant: _____ Dated: _____

Signature of Applicant: _____ Dated: _____

Minnesota law give 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.