



Subsurface Sewage Treatment System (SSTS) and Well Low Interest Loan and Cost Share Fix Up Fund Application for Financial Assistance

**READ THE LOAN AND GRANT GUIDANCE DOCUMENTS PRIOR TO COMPLETING APPLICATION
RETURN APPLICATION TO WASHINGTON COUNTY CDA, 7645 CURRELL BLVD, WOODBURY**

Please indicate the financial assistance you are applying for (you may check more than one):

Low Interest Loan (\$225 application fee)

Preferred term length (select one): 5 years 8 years 10 years

Clean Water Fund SSTS Fix Up Grant (no fee, must meet eligibility requirements)

Project type: Septic System Private Well Type of well work: _____

Total estimated cost of project: \$_____ Assistance requested: \$ _____

Applicant Information

Name of Landowner/Applicant: _____

Date of Birth: _____ SSN: _____ Marital Status: _____

Phone: _____ Email: _____

Co-Applicant Name (if applicable): _____

Date of Birth: _____ SSN: _____ Marital Status: _____

Phone: _____ Email: _____

Address of Property to Be Improved: _____

City: _____ ZIP: _____

No. of people in the household? _____ Is the property a residence, business, or both?

Name of Business (if applicable): _____

Mailing Address (if different from above): _____

City: _____ State, ZIP: _____

How did you hear about this program? _____

For office use only:

Date application received: _____ Received by: _____

Income Information

Complete table below for all household members 18 years and older who live at this address more than half the year. Households requesting loans ≥\$30,000 or Cost Share Fix Up grants must submit proof of all income and assets (see guidance documents for additional details)

Name	Birth date	Annual Gross Income	Source(s) of Income
Ex. John oe	4/5/67	\$55,500	Salary/Wages
Ex. Jane Doe	1/2/68	\$50,000	Self-Employment

Asset Information (provide estimated value for all that apply)

Cash on Hand	_____	Checking/Savings	_____
IRA/401(k)/ Retirement Accounts	_____	Stocks/Bonds/ CDs/Investments	_____
Other Real Estate Owned	_____	Personal Property (not for everyday use: collectible cars, coins, etc.)	_____
Business Assets	_____	Other Assets (list item and value)	_____

Monthly Liabilities

1 st Mortgage Lender Name	_____	Payment Amount	_____
Original Balance	_____	Balance Remaining	_____
2 nd Mortgage/ Home Equity Loan Lender Name	_____	Payment Amount	_____
Original Balance	_____	Balance Remaining	_____
Vehicle Loan Payment	_____	2 nd Vehicle Loan Payment	_____
Personal/Installment Loan Payment	_____	Student Loan Payment	_____
Total Credit Card Balance	_____	Other Debts Payable	_____

Property Information

Year built: _____ Year purchased: _____

Name(s) appearing on the Warranty Deed? _____

What are your yearly property taxes? _____

Property Tax Identification #: _____

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

Number of bedrooms _____ Number of bathrooms _____

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

SSTS Information (answer if applicable)

How old is your septic system? _____

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

Was a compliance inspection completed for your system? YES NO (if YES, return a copy with app.) if NO, one may be required to demonstrate eligibility for the program.

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 less than 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. If NO, your other material will be reviewed but your loan/grant will not be approved until bids are received.

Well Information (answer if applicable)

How old is your well? _____

What is the well ID (if known)? _____

What best describes the issue with your well? _____

Replacing a well to meet setback requirements

Repair of broken casings

Replacement of a contaminated well Type of contamination? _____

Replacement of a well at risk of flooding

Abandon/seal well

Please provide any addition information that describes the issue:

Have you had a licensed well contractor look at the system? YES NO

Have you received bids for the estimated cost of repair/replacement? YES NO If Yes, please submit with application. If NO, your other material will be reviewed but your loan/grant will not be approved until bids are received.

If you have questions about the financial assistance programs or need help completing the application, please contact Washington County Community Development Agency at 651-458-0936

For questions about your septic system or private well, contact Washington County Department of Public Health and Environment at 651-430-6655

Checklist for Application Packet

Please be sure to include all items below with application packet. Failure to submit all required documentation may result in processing delays or denial of application.

- Completed application form signed by applicant and any co-applicant
- \$225 check payable to Washington County CDA (loan applications only)¹
- Copy of photo ID(s) from applicant and co-applicant
- Documentation of mortgage payments (two most recent mortgage statements)
- Copies of two most recent Income Tax Returns for applicant and co-applicant
- Two bids from contractors (you may submit application while bids are in-progress)
- Copy of inspection report or letter indicating a finding of noncompliance
- Business owners: Copies of most recent financial statements and list of business assets

Applicants requesting loans \geq \$30,000 or Clean Water grants must submit proof of all income and assets (see guidance documents) for ALL ADULT HOUSEHOLD MEMBERS, including but not limited to:

- Most recent paystubs, unemployment, pension and/or SSI/RSDI/SSDI benefit statements
- Two most recent statements for checking/savings, retirement, and/or investment accounts
- Copies of two most recent Income Tax Returns for all adult household members
- Most recent tax statement for other real estate owned (e.g., cabin, hunting land, etc. Do not submit statement for subject property where SSTS/well improvements are proposed)

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 intentional omission or giving false information may disqualify me from the Washington County SSTS and Well financial assistance programs, 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: _____

¹ If an applicant is turned down for a loan or chooses not to proceed, 50% of the application fee will be returned.

TENNESSEN WARNING

The Washington County Department of Public Health and Environment (“PHE”) and the Washington County Community Development Agency (CDA) are asking that you provide information on the Application for Financial Assistance to determine if you are eligible to participate in the SSTS and Well Low Interest Loan and/or SSTS Cost Share Fix Up Fund programs. Your social security number is considered private data.

In accordance with the Minnesota Government Data Practices Act, PHE 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:

- PHE staff and other persons involved in program administration
- CDA staff involved in application and financial review
- Auditors who perform required audits of this program
- Authorized personnel from the Minnesota Pollution Control Agency, Minnesota Department of Agriculture 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: _____