



Application for SSTS Financial Assistance

NOTE: PLEASE READ THE SSTS LOAN AND GRANT GUIDANCE DOCUMENTS PRIOR TO COMPLETING THIS APPLICATION.

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

- SSTS 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 fees required)
Must meet income eligibility requirements

Applicant Information

Address of Property to Be Improved: _____

City: _____ ZIP: _____

Is the property a residence, business, or both?

Name of Landowner/Applicant: _____

Name of Business (if applicable): _____

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

Mailing Address (if different from above): _____

City: _____ State, ZIP: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Co-Applicant Name (if applicable): _____

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

Home Phone: _____ Cell Phone: _____

Email: _____

How did you hear about this program? _____

For office use only:

Date application received: _____ Received by: _____

Income Information

If this property is a residence, how many people live in the household? _____

Please check the choices that reflect income sources for your household or business. You must disclose all sources of income.

- | | | |
|---|--|---|
| <input type="checkbox"/> Salary/Wages | <input type="checkbox"/> Alimony/Child Support | <input type="checkbox"/> TANF/MFIP |
| <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Retirement/Pension | <input type="checkbox"/> General Assistance/
Work Readiness |
| <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Farm Income | <input type="checkbox"/> Minnesota
Supplemental Aid
(MSA) |
| <input type="checkbox"/> Veterans Benefits/Military Pay | <input type="checkbox"/> Rental Income | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Interest Income/Dividends | <input type="checkbox"/> Business Income | |
| <input type="checkbox"/> Social Security Income
(SSI/RSDI) | | |

ALL APPLICANTS: Complete table below for applicant and co-applicant (if any).

Grant applicants ONLY: Provide information below for all household members 18 years and older who live at this address more than half the year.

You must submit proof of income and assets in addition to copies of the two most recent years' tax returns for each individual listed below with your application (see guidance documents for more information).

Name	Birth date	Annual Gross Income	Source(s) of Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Asset Information (provide estimated value for all that apply)

Cash on Hand: _____

Checking/Savings Accounts: _____

Stocks/Bonds/CDs/Investments: _____

IRA/401(k)/ Retirement Accounts: _____

Other Real Estate Owned: _____

Personal Property (collectible cars, jewelry, etc.): _____

Business Assets (equipment, buildings, vehicles, etc.): _____

Other Assets (list type and value): _____

Monthly Liabilities

Mortgage Payment: _____

Original Amount: _____ Balance Remaining: _____

2nd Mortgage/Home Equity Loan/Line of Credit Payment: _____

Original Amount: _____ Balance Remaining: _____

Vehicle Loan Payment: _____ Vehicle Loan Payment: _____

Other Personal/Installment Loan Payment: _____

Credit Cards (total balance outstanding): _____

Student Loan Payment _____

Other Debts: _____

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

Septic System Information

Number of bedrooms _____ Number of bathrooms _____

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

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.

Checklist for Application Packet

Please note: providing complete documentation with your application helps expedite review of your request for financial assistance.

- 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 (applicant and co-applicant)
- Documentation of mortgage payments (the two most recent mortgage statements)
- Documentation of income and assets (
- Copy of the two most recent Income Tax Returns
- Business owners: Copies of most recent financial statements and list of business assets
- Two bids from contractors

Total estimated cost of project: _____

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 Washington 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 Washington County Community Development Agency at 651-458-0936

For questions about your SSTS, contact Washington County Department of Public Health and Environment at 651-430-6655

Please submit application and all supporting materials to:

Washington County Community Development Agency
7645 Currell Blvd
Woodbury, MN 55125

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 Washington County SSTS Financial Assistance application form to determine if you are eligible to participate in the SSTS Low Interest Loan and/or SSTS Fix Up Grant 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: _____