CARLTON COUNTY
ZONING AND ENVIRONMENTAL SERVICES
P.O. Box 220
301 Walnut Avenue, Room 103
Carlton, MN 55718-0220
218-384-9176
www.co.carlton.mn.us

CARLTON COUNTY SSTS LOCAL
FIX-UP FUND PROGRAM 2021
APPLICATION

Carlton County was awarded a grant to fix subsurface sewage treatment systems (SSTS) that have been deemed to be an Imminent Threat to Public Health or Failing to Protect Groundwater (must be issued a Notice of Noncompliance).

To qualify -

- Funding only for homesteaded single-family homes or duplexes.
- You must own the house; either free of debt, through a mortgage or recorded Contract for Deed. If you are buying the property on a Contract for Deed, the holder of the contract must sign off on the permit.
- Taxes must be current. Loan payment must be current. The property cannot be capable of being repossessed.
- 75% of the cost to fix the SSTS (not to exceed the fund balance) will be paid to the applicant/contractor upon completion if your household gross annual income (including Social Security, wages and all regular sources) is within the following limits:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1-4 persons</th>
<th>5-8 persons*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>$61,450</td>
<td>$81,100</td>
</tr>
</tbody>
</table>

* Add 8% of 4 person limit for each person in excess of 8 persons

- 100% of the cost to fix the SSTS (not to exceed the fund balance) will be paid to the applicant/contractor upon completion if your household gross annual income (including Social Security, wages and all regular sources) is within the following limits:

<table>
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<tr>
<th>Family Size</th>
<th>1-4 persons</th>
<th>5-8 persons*</th>
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<tbody>
<tr>
<td>Income</td>
<td>$38,400</td>
<td>$50,700</td>
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* Add 8% of 4 person limit for each person in excess of 8 persons

- The Carlton County Zoning and Environmental Services office will release the funds to the contractor once a Certificate of Compliance has been issued. The invoice, a Final Waiver of Lien and Request for Taxpayer Identification Number and Certification must be submitted for payment.

- The Carlton County SSTS Local Fix-up Fund Program 2021 application process is on a first come first serve basis.
Carlton County Zoning and Environmental Services staff will help applicants during the application process, but applicants are responsible for the following items:

- Applicants must provide staff with necessary information promptly.
- Applicants, not staff, choose contractors. Contractor selection shall be made on a competitive, lowest bid process. A minimum of two competitive bids is recommended. 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, select the contractor to do the work.
- Applicants and/or contractor will complete all the necessary permitting. Carlton County’s SSTS permitting fees will be waived but the permit must be submitted and approved.
- Applicants work with the contractors to settle disagreements during the job.

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

**Carlton County Zoning and Environmental Services**
218-384-9590
P.O. Box 220, Carlton, MN 55718
[chris.berg@co.carlton.mn.us](mailto:chris.berg@co.carlton.mn.us)

Mail your application and supporting forms to Carlton County Zoning and Environmental Services Office at the address listed above. The following documentation needs to be submitted with the application:

- [ ] Documentation of payment of current taxes
- [ ] Documentation of current loan payment
- [ ] Documentation of household members (18 years and older) annual gross income and source of income

Your application will not be processed until all documentation is received at our office. The award of grant dollars is on a first come, first served basis and is based on complete applications. The Zoning and Environmental Services Office determines what constitutes a complete application. If you have any questions or need assistance please call (218) 384-9590.
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APPLICATION

Part 1:
Applicant Name: ______________________________ ___
Age: ________ Social Security #: __________________
Marital Status: ☐ Married  ☐ Separated  ☐ Unmarried  
(includes widowed, divorced, or single)

Co-Applicant Name: ___________________________ ___

Street Address: _______________________________ How long have you lived here? ______________
City, State, Zip: _______________________________ Your Work Phone: __________________________
Your Home Phone: ______________________________

Person to contact if we Cannot reach you: _______________________________ Relationship: __________________________
Person to contact if we Cannot reach you: _______________________________ Relationship: __________________________
Streets 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 and source 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.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Annual Gross Income</th>
<th>Source of Income</th>
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<tbody>
<tr>
<td>______________________________</td>
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</table>
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? _____________________________

What year was the well installed? ____________________________
What year was the septic installed? ____________________________
Number of Bedrooms ____________________________
Number of Bathrooms ____________________________

**Part 3: Certification**

I certify that by signing this that the information stated above is true and correct to the best of my knowledge. I realize that giving false information will result in disqualifying me from assistance Carlton County SSTs Local Fix-up Fund Program.

Signature of Applicant: ________________________________ Date: ________________

Signature of Co-applicant: ________________________________ Date: ________________
PRIVACY NOTICE

We are asking that you provide the information on the Carlton 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:

- 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.

To learn more about these rights, contact Carlton County Zoning and Environmental Services office at (218) 384-9590.