

**TRAVERSE COUNTY  
 SUBSURFACE SEWAGE TREATMENT SYSTEM (SSTS)  
 UPGRADE GRANT PROGRAM  
 Administered by Traverse SWCD**

304 4<sup>th</sup> Street North  
 Wheaton, MN 56296  
 320-563-8218 ext. 3  
[www.co.traverse.mn.us](http://www.co.traverse.mn.us)

**TRAVERSE COUNTY SSTS UPGRADE GRANT  
 PROGRAM FY 2020 APPLICATION  
 (Approved March 3, 2020)**

Traverse County was awarded a grant 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 Noncompliance).

To qualify -

- Funding only for homesteaded single-family homes with SSTS’s located entirely within Traverse County.
- You must own the house; either free of debt, or through a mortgage.
- Taxes must be current. Loan payment must be current. The property is not currently or imminently subject to repossession, forfeiture, or foreclosure.
- A percentage of the cost, Not to Exceed (NTE) a maximum of 95% or 75% or 50% of the cost to fix the SSTS, depending on eligibility, will be paid under contract to the applicant upon certified completion of an SSTS upgrade project. The threshold for eligible annual household gross adjusted income (including Social Security, wages and all regular sources) must be equal to or less than the following limits:

| <b>Eligibility Criteria/<br/>Grant Reimburse-<br/>ment Level</b> | <b>1 person</b> | <b>2 people</b> | <b>3 people</b> | <b>4 people</b>  | <b>5 people</b>  | <b><i>Additional</i></b>           |                        |
|------------------------------------------------------------------|-----------------|-----------------|-----------------|------------------|------------------|------------------------------------|------------------------|
| <b>Very Low Income<br/>95% NTE \$14,250</b>                      | <b>\$24,980</b> | <b>\$33,820</b> | <b>\$42,660</b> | <b>\$51,500</b>  | <b>\$60,340</b>  | <i>Add \$8,840<br/>per person</i>  | (based on<br>200% FPG) |
| <b>Low Income<br/>75% cost NTE \$11,250</b>                      | <b>\$37,470</b> | <b>\$50,730</b> | <b>\$63,990</b> | <b>\$77,250</b>  | <b>\$90,510</b>  | <i>Add \$13,260<br/>per person</i> | (based on<br>300% FPG) |
| <b>Moderate Income<br/>50% cost NTE \$7,500</b>                  | <b>\$49,960</b> | <b>\$67,640</b> | <b>\$85,320</b> | <b>\$103,000</b> | <b>\$120,680</b> | <i>Add \$17,680<br/>per person</i> | (based on<br>400% FPG) |

- The Traverse Soil and Water Conservation District (SWCD) will release the funds to the applicant only after a **paid receipt and Certificate of Compliance** has been issued.
- The FY 2020 Traverse County SSTS Upgrade Grant application process is on a first come first served basis. The FY 2020 funds are limited to \$14,480 for grant funded projects. Carryover from previous grant agreements may be available. Depending on applications received, funding allocations will be determined by order of receipt of complete applications and eligibility qualifications.

Traverse SWCD staff will help applicants during the application process, but applicants are responsible for making the choices and doing all the listed items including, but not limited to, the following:

- Applicants must provide SWCD staff with necessary information to determine grant eligibility.
- Contractor selection shall be made solely by the applicants; only one bid is required but obtaining two cost estimates are encouraged. 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 permit applications.
- Applicants are responsible for working with the contractors to settle any or 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 decreases 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 Traverse County or the Traverse SWCD.

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

**Traverse Soil and Water Conservation District**

304 4<sup>th</sup> Street North

Wheaton, MN 56296

320-563-8218 ext. 3

[sara.gronfeld@mn.nacdnet.net](mailto:sara.gronfeld@mn.nacdnet.net)

Mail your application and supporting forms to Traverse SWCD at the address listed above. The following documentation must be submitted with the application:

- Documentation of payment of current taxes
- Documentation of current and historical loan payments (if applicable)
- 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 requested documentation is received at our office. If you have any questions or need assistance, please call (320) 563-8218 extension 3.

**TRAVERSE COUNTY SSTS UPGRADE GRANT  
PROGRAM FY 2020 APPLICATION FORM**

**Part 1:**

|                                                 |                                     |                         |                                                                                                                                |
|-------------------------------------------------|-------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Applicant Name: _____                           | Age _____                           | Social Security # _____ | Marital Status<br><input type="checkbox"/> Married<br><input type="checkbox"/> Separated<br><input type="checkbox"/> Unmarried |
| Co-Applicant Name: _____                        | _____                               | _____                   | (includes widowed, divorced, or single)                                                                                        |
| 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: _____                 |                         |                                                                                                                                |
| 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 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? \_\_\_\_\_

What year was the well installed? \_\_\_\_\_  
What year was the septic installed? \_\_\_\_\_  
Number of Bedrooms \_\_\_\_\_  
Number of Bathrooms \_\_\_\_\_  
Has your septic system been inspected? \_\_\_\_\_

If yes, check status:      \_\_\_ Failing to protect groundwater quality  
                                         \_\_\_ Imminent threat to public health

**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 Traverse County SSTS Upgrade 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 Co-applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## PRIVACY NOTICE

We are asking that you provide the information on the Traverse County SSTS Upgrade 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:

- Traverse 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 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.