



SSTS Low-Income Fix-Up Grant Application

FY 2026

AITKIN COUNTY ENVIRONMENTAL SERVICES
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Purpose: Aitkin County offers a low-income septic grant to upgrade non-compliant subsurface sewage treatment systems (SSTS). The funding is provided by the Board of Water and Soil Resources and the Minnesota Pollution Control Agency through the Clean Water, Land and Legacy Amendment. The goal of this funding is to protect groundwater and surface water from impacts resulting from non-compliant septic systems.

Submittal: Email your completed application and documents to aitkinpz@aitkincountymn.gov or mail to the address above.

APPLICATION INFORMATION

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 Planning and Zoning Office determines what constitutes a complete application.

Funds will be reduced if the project cost exceeds the amount of grant funds available.

The Aitkin County Environmental Services Department (ACES) will release the funds to the applicant or SSTS contractor once a Certificate of Compliance has been issued.

Aitkin County Environmental Services staff will help applicants during the application process, but applicants are responsible for making the choices and doing all of the listed items including, but not limited to, the following:

- Applicants must provide ACES staff with necessary information promptly.
- Applicants are responsible for choosing contractors. Contractor selection shall be made on a competitive, lowest bid process. A minimum of two competitive bids is required for the installation of the designed system. 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 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 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 ceases 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 Aitkin County or its ACESD.

REQUIRED CRITERIA

- The household annual gross income limit must be equal to or less than the limits set forth in Table 1 or Table 2.
- The property must currently have a notice of non-compliance issued that has been deemed Failing to Protect Groundwater or an Imminent Threat to Public Health or Safety.
- The property must be classified as "homestead" by the county assessor and for a single-family home with SSTS located entirely within Aitkin County.
- The applicant must own the house free of debt or through a mortgage. If owned with a mortgage, all payments must be current. The property cannot be subject to repossession, forfeiture, or foreclosure.
- The property must be current on property taxes and not subject to forfeiture.

Table 1

Family Size	Very-Low Income Limit
1	\$45,800
2	\$45,800
3	\$45,800
4	\$45,800
5	\$60,500
6	\$60,500
7	\$60,500
8	\$60,500
Grant Coverage	Up to <u>100%</u> of the cost to fix the SSTS

Table 2

Family Size	Low Income Limit
1	\$73,300
2	\$73,300
3	\$73,300
4	\$73,300
5	\$96,800
6	\$96,800
7	\$96,800
8	\$96,800
Grant Coverage	Up to <u>75%</u> of the cost to fix the SSTS

PART 1: APPLICANT INFORMATION

Applicant Name	Are you the property owner? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email	Phone	Social Security # _____	
Property Address	City	State	ZIP
Property ID (PID is found on your Property Tax Statement) _____			

PART 2: HOUSEHOLD INFORMATION

A. Family Size (number of permanent household members 18 years and older):

B. Number of bedrooms:

C. What is the estimated Market Value of your home?

D. What is your current yearly property tax?

E. Are your property taxes current? Yes No

F. Is the property homesteaded? Yes No

G. What are the income sources in your household? (check all that apply):

<input type="checkbox"/> Salary Wages	<input type="checkbox"/> Alimony/Child Support	<input type="checkbox"/> GA/Work Readiness
<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> AFDC/TANF/MFIP
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> SSI	<input type="checkbox"/> MSA
<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Retirement/Pension	<input type="checkbox"/> Rental Income
<input type="checkbox"/> Interest	<input type="checkbox"/> Farm Income	<input type="checkbox"/> Other:
<input type="checkbox"/> AFDC	<input type="checkbox"/> Social Security	

H. List all household members, their annual gross income (from 1040 Income Tax Form) 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 Income Tax Form:

Name	Birth Date (mm/dd/yyyy)	Annual Gross Income	Source of Income
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
6.		\$	
7.		\$	
8.		\$	
TOTAL			

PART 3: REQUIRED DOCUMENTS

- Copy of SSTS Notice of Noncompliance (if not already on file)
- Documentation of payment of current taxes
- Documentation of household members (18 years and older) annual gross income and source of income
- Copy of 1040 Income Tax IRS Forms for the household
- Septic system design
- Two bids for the installation of the designed septic system.

PRIVACY NOTICE

We are asking that you provide the information on the Aitkin 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 the administration and management of the program. Persons or agencies with whom this information may be shared include:

- ACES 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. 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.

CERTIFICATION

Applicant understands this application does not guarantee grant approval; grant requirements must be met. If grant is approved, the undersigned understands they must comply with all application procedures to fully execute the grant and grant approval is only valid for one year from the date application is received by Aitkin County. 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 from the Aitkin County SSTS Local Fix-up Fund Program, as well as subjecting me to civil and criminal consequences under the laws of the State of Minnesota.

*Applicant Name	*Applicant Signature	*Date (mm/dd/yyyy)
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-FOR OFFICE USE ONLY-

Date Received:	File #:
Date Awarded:	Awarded Amount: