



**Planning and Zoning Administration**

Sherburne County Government Center  
 13880 Business Center Drive NW  
 Suite 100  
 Elk River, MN 55330-4668  
 (763) 765-4450  
 1-800-438-0578

**Subsurface Sewage Treatment System (SSTS) Low-Income Upgrade Grant Policy Fact Sheet**

The Sherburne County Planning and Zoning Department receives funding through the Minnesota Board of Water & Soil Resources and the Minnesota Pollution Control Agency for SSTS Low-Income Upgrade Grants. A limited amount of funding is available and will be awarded on a first come, first serve basis. This grant money may also be used to supplement the County's SSTS Low-Interest Loan program for those who meet the criteria. This grant may be obtained to cover 33% of the estimated cost of the system.

**The following criteria must be met to qualify for a grant:**

1. The funds may only be used to repair or replace existing failing septic systems.
2. The property must be a single-family home and must be homesteaded.
3. System must be certified as non-compliant by a MPCA licensed SSTS Professional Inspector prior to submitting an application.
4. The landowner must provide two(2) years of IRS 1040 Income Tax Returns for all occupants over age 18 to show that they meet income guidelines qualify.
5. Maximum amount of grant fund paid to a property owner is \$5,000.

**The following chart defines the income guidelines that need to be met to qualify for the grant:**

Household	1	2	3	4	5	6	7	8
<b>Maximum Income</b> <small>(Adjusted Gross Income)</small>	\$77,600	\$77,600	\$77,600	\$77,600	\$102,450	\$102,450	\$102,450	\$102,450

**Process:**

1. ***Septic systems cannot be installed prior to grant approval.***
2. Applicants will need to fill out the Sherburne County SSTS Low Income Grant Application and submit all required information including a copy of their two most recent IRS 1040 Income Tax Returns for each individual over the age of 18 who is living in the home.
3. Grants will be issued for up to 33% of the estimated total cost of the septic system, with a maximum funding amount of \$5,000. Remaining balance of septic installation is paid by either the property owner, or if applicable, the County SSTS Low-Interest Loan.
4. Applicants must submit a septic design with two(2) bids for installation. If the applicant is also applying for the SSTS Low-Interest Loan Program, that application must be submitted concurrently.
5. The Planning and Zoning Department will review the submitted information and determine eligibility for the grant. The landowners will be given approval contingent on the system being installed and inspected by the County or local governing unit. Once a compliant system is installed, inspected, and approved, a check will be issued from the County to the septic installer for the amount of the grant.
6. Grants will be issued on a first-come, first served basis. Preliminary approvals will only be valid for 6 months. If the system has not been installed within 6 months, the grant approval will be rescinded, and the grant funds will be available for another landowner.



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13880 Business Center Drive  
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Fax: 763-765-4467

**Low Income**

**Subsurface Sewage Treatment System (SSTS) Grant Application**

**Applicant Information**

Address of Property Receiving Improvement: \_\_\_\_\_

City or Township: \_\_\_\_\_ 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 than above): \_\_\_\_\_

City: \_\_\_\_\_ State & ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Co-Applicant (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

**Income Information:**

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

List all household members 18 years and older who live at this address (exclude those who live at this address less than half of the year such as college students), their annual gross income from IRS 1040 Income Tax Return form(s) and the source(s) of income. For self-employed, farm, or rental income, use the appropriate line for "adjusted gross income" from the IRS 1040 Income Tax Return form.

**Include copies of IRS 1040 Income Tax Return forms for each individual.**

Name	Birth Date	Annual Gross Income and Source(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Property Information**

Year Built: \_\_\_\_\_ Year Purchased: \_\_\_\_\_

Name(s) appearing on the Warranty Deed: \_\_\_\_\_

How much are your property taxes per year? \_\_\_\_\_

What is your Parcel Identification (PID) Number? \_\_\_\_\_

Are you current on your property taxes and any assessments? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Septic System Information**

Number of existing or possible bedrooms: \_\_\_\_\_ Number of existing or possible bathrooms: \_\_\_\_\_

Is your home within 1000 feet of a lake or 300 feet of a river? \_\_\_\_\_ Yes \_\_\_\_\_ No

How old is your septic system? \_\_\_\_\_

Has your current system ever been pumped?  Yes  No Dates: \_\_\_\_\_

Has a compliance inspection ever been completed for your system?  Yes  No (If yes, return a copy with the application. If no, one may be required to demonstrate eligibility for the program.)

Is your system failing according to Chapter 7080? (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

If yes, explain \_\_\_\_\_

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Have you had a licensed septic site evaluator or designer look at the system?  Yes  No

Have you received bids for the estimated cost of replacement?  Yes  No If yes, please submit the estimate with the application. If No, your other material will be reviewed, but your grant will not be approved until bids are received.

**Checklist For Application Packet**

Completed Application

Notice of Noncompliance

Copy of two most recent Income Tax Returns for household members listed on page 2.

Documentation of current and historic mortgage payments

Bids from at least two licensed contractors

Copy of photo ID for applicant and co-applicant, if applicable

Total estimated project cost: \$ \_\_\_\_\_

**Certification**

I (we) certify by signing this document that the information stated within is true and correct to the best of my (our) knowledge. I (we) realize that giving false information will result in disqualification from the grant application process, as well as being subjected to potential civil and criminal consequences under the laws of the State of Minnesota.

Applicant's Signature and Date: \_\_\_\_\_

Co-applicant's Signature and Date: \_\_\_\_\_

**For questions about the application or your septic system, please call Sherburne County Planning and Zoning at (763) 765-4450 or (800) 438-0578. Fax (763) 765-4467**

### Tennesen Warning

The Sherburne County Planning and Zoning (SCP&Z) Department asks that you provide information on the Subsurface Sewage Treatment System Grant Application form to determine if you are eligible to participate in the SSTS Grant program. Your Social Security number is considered private data.

In accordance with the Minnesota Government Data Privacy Act, SCP&Z is required to inform you of your rights regarding 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:

- SCP&Z staff and other persons involved in program administration
- SCP&Z 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 or federal agencies providing funding or other assistance
- Those persons 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 any way unless you give the County permission by completing this consent form. Please note data must be released if required by court order. Additionally, your private data may be released if Congress or the Minnesota Legislature passes a new law authorizing or requiring release of such data.

Supplying the information on the application is voluntary. However, a refusal to supply the requested information means you will not be considered for the program.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_