



Waseca County Land & Water Resources
 900 3rd St NE
 Waseca, MN 56093
 (507) 835-0534



Septic System Replacement Program Application

Please complete the application in its entirety to the best of your ability. The completed application and all required documents must be submitted in order to review your eligibility for this program. Costs incurred before approval will not be eligible for reimbursement. All owners of the property must sign the application and agreement. Submit completed applications to Waseca County Land & Water Resources located at 900 3rd St NE, Waseca, MN 56093.

Applicant Information			
Name:	Phone #:		
Spouse or Co-Applicant:	Phone #:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Mailing Address:	City:	State:	Zip:

Property Information			
Property Address:		Parcel Number:	
City:		State:	Zip:
Type of Housing: <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex (owner occupied)		Number of Residents:	
Septic System Noncompliance: <input type="checkbox"/> ITPHS (10 mo.) <input type="checkbox"/> FTPGW (5 yrs.)	Length of Ownership:	Property Taxes Current: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Septic System Damaged: <input type="checkbox"/> Yes <input type="checkbox"/> No		Insurance Claim Filed: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Income Information			
Name of Resident	Age	Monthly Income (before taxes)	Source of Income

Required documents:

(Make sure all of these are included with your application to avoid delay in processing)

- Verification of ownership (include legal description)
 - Warranty Deed or Contract for Deed
- Verification of income
 - Previous year's tax return
- Copy of the non-compliant septic system inspection report
- Two bids for replacement system
 - Cost of labor and materials
 - Statement of costs not covered by contractor
 - Signed statement of financial responsibility
 - Certified check;
 - Copy of loan; and/or
 - Other
- Insurance Coverage or Denial letter(s) if septic system was damaged
 - Copies of payment(s) from insurance company;
 - If septic system was damaged and an insurance claim was NOT filed, provide a written response as to why an insurance claim was not filed.
- Signed Authorization of Release of Information Form

Any person who makes a false statement or misrepresentation in connection with the application for or use of County funds shall be subject to a fine, or imprisonment, or both, and may be required to

return **all or part of the grant funds to Waseca County**. I understand that my homeowner's insurance must be utilized first for any damaged septic systems covered under my insurance policy. Failure to provide known information about insurance coverage and/or payouts from my homeowner's insurance constitutes a false statement or misrepresentation and I may be subject to the penalties stated above.

I, the undersigned, certify under penalty of law, that all the above information is true and correct to the best of my knowledge and belief, and that the provisions stated above are accepted and agreed to. I understand that I will make the final selection of the improvements to be made with the grant proceeds; that the contract for the improvements will be solely between the contractor and the applicants; and that Waseca County will be NOT liable for the inadequate performance of the improvements by my contractor.

Signature Applicant

Date

Signature of Co-Applicant

Date

I hereby authorize the Program staff to come onto my property to identify necessary septic work items and to inspect work in progress while construction is occurring during regular business hours.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Authorization for Release of Information

CONSENT

I authorize and direct any Federal, State, or Local agency, organization, business, or individual to release to Waseca County Land & Water Resources any information or materials needed to complete and verify my application for participation under the Low Income Grant Septic System Replacement Program. I understand and agree that this authorization or the information obtained with its use may be given to and used in administering and enforcing Program rules and policies.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED TO VERIFY INFORMATION

The groups or individuals that may be asked to release the aforementioned information include but are not limited to:

- Past and Present Employers
- Welfare Agencies
- Veteran's Administration
- Courts and Post Offices
- State Unemployment Agencies
- Retirement Systems
- Utility Companies
- Social Security Administration
- Banks and other Financial Institutions
- Law Enforcement Agencies
- Medical and Child Care Providers
- Credit Providers and Credit Bureaus
- Support and Alimony Providers
- Insurance Agencies

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for one year and one month from the date signed.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Privacy Notice

*****Read and review before submitting the completed application.*****

Waseca County requires you to provide the completed application form to determine your eligibility to receive funds for the Waseca County Low Income Septic System Replacement Program (“Program”).

Your name, address, and the amount of assistance you receive are considered public data under the Minnesota Data Practices Act.¹ Other information provided about you and your household is considered private data.²

Waseca County will use the provided private data only when it is required for the administration and management of the Program for which you have applied. Persons or agencies with whom this information may be shared include but are not limited to:

1. Waseca County staff and other persons involved in administration of the Program;
2. Waseca County Board and other applicable parties tasked with the investigation and resolution of applicant complaints;
3. Minnesota Board of Water and Soil Conservation staff necessary for auditing the Program;
4. Law enforcement personnel in the event of suspected fraud; or
5. Other enforcement authorities as required.

Waseca County is prohibited from releasing private data to outside entities other than those necessary for administration of the Program or from using the private data in any other way without the applicant’s express permission by completing the provided consent form (Authority to Release Information). Data must be released if required by a court order or by law enacted by Minnesota Legislature or the United States Congress.³ Failure to complete the Authorization for Release of Information form will result in disqualification from the Program.

Under Minnesota law, individuals have the right to:

1. see and obtain copies of the data maintained on you;
2. be told the contents and meaning of the maintained data; and
3. contest the accuracy and completeness of the data.

To exercise these rights, contact Waseca County Land & Water Resources at (507)835-0534.

I hereby certify that I have read and understand the information above.

Signature of Applicant

Date

Signature of Co-Applicant

Date

¹ See Minnesota Statute § 13.02, subd. 15; § 13.03; and § 13.599

² See Minnesota Statute §13.02, subd. 12; and §13.599

³ See Minnesota Statute § 13.03