



Enclosed is an application for the **Pine County Building Rehabilitation Program**, funded by the American Rescue Plan Act, for a commercial building rehabilitation loan/grant. The funds may be used to make health, safety and energy efficiency improvements.

Enclosed with this letter you will find:

1. Program Fact Sheet
2. *What to Expect from the Rehabilitation Program* information sheet
3. Commercial Building Rehabilitation Application
4. Privacy Notice,
5. Borrower's Certification for Release of Information form,
6. Certification of Negative Economic Impact form

Mail your application and supporting forms to Lakes & Pines at the address below along with the following information:

- ✓ A copy of your recorded Warranty Deed or recorded Contract for Deed;
- ✓ A copy of your most recent property tax statement;
- ✓ A copy of your declarations page of your property insurance;
- ✓ A copies of your utility bills;
- ✓ A copy of your most recent mortgage statement, if applicable.

We look forward to working with you in the weeks ahead.

Please feel free to call us if you have any questions. You can contact me at (320) 679-1800 ext. 123 or by email at [nicole.klosner@lakesandpines.org](mailto:nicole.klosner@lakesandpines.org)

1700 Maple Avenue East - Mora, MN 55051-1227

Office & TDD - 320.679.1800 - FAX 320.679.6863

Special accommodations for people with disabilities upon request.

*Serving the counties of Aitkin, Carlton, Chisago, Isanti, Kanabec, Mille Lacs and Pine*

*An Equal Opportunity Employer & Contractor*

## Pine County Commercial Building Rehabilitation Fact Sheet

Pine County has allocated grant funds for commercial building owners to make health, safety & energy efficiency improvements to their buildings from the American Rescue Plan Act. The maximum available is \$40,000 per property owner. This assistance to property owners is in the form of a grant which must be matched with other funds to complete the project. The match of funds must be 20% of the total cost of improvements, County ARPA funds will only pay for up to 80% of the total cost of improvements.

To qualify:

- The building must be in Pine County, used and zoned for business purposes (commercial, retail, non-profit, industrial).
- The applicant must be the owner/occupant or an owner with an occupant in a building used for business purposes, either free of debt, through a mortgage or recorded Contract for Deed.
- The applicant must have been negatively impacted by the COVID-19 pandemic.
- The applicant must be current on paying mortgage payments, utilities and property taxes and the applicant must carry sufficient property insurance to rebuild the building in case of fire, storm, or other accidents. Comprehensive Loss Underwriting Exchange (CLUE) reports will be pulled on every property.
- The project must conform with all local building, zoning and design codes.

Repairs that make the property more accessible, energy-efficient, safe and sanitary qualify under this program.

These may include repairing or replacing:

- Plumbing, heating, ventilation, or electrical systems.
- Roofing, windows, doors, and siding.
- Ramps and accessibility conversions.
- Exterior signage and lighting improvements.
- Code violation corrections
- Energy improvements
- Wells or septic systems or private connections to municipal water & sewer services.

How this program works:

1. The applicant submits a completed application which includes the application, proof of ownership (copy of deed), proof of insurance (copy of declarations page) and proof of mortgage & utility payments (most recent monthly statement). Within the application, the owner will certify the business operation which exists within the building through proof of financial statements or other documentation.
2. Application is reviewed and a letter is mailed/emailed to the applicant on the eligibility determination.
3. Property is inspected to determine the scope of work and the feasibility of a project.
4. The scope of work is developed into a bid package for the applicant to use to solicit a minimum of two bids.
5. Bids are reviewed and contract(s) awarded to the lowest bidder unless there is a conflict of interest.
6. Work must be completed and invoiced to Lakes & Pines, no later than September 30, 2024.
7. Invoice(s), sworn statement, lien waiver are submitted to Pine County for processing.
8. Property is inspected to confirm the work was completed to the inspector's, applicant's and Lakes & Pines satisfaction and only then is the payment issued to the contractor directly.

Applications are available electronically on the County's website: [www.co.pine.mn.us](http://www.co.pine.mn.us) or by contacting:  
Lakes & Pines CAC, Inc. 1700 Maple Ave E, Mora, MN 55051 | 320.679.1800 | [lap@lakesandpines.org](mailto:lap@lakesandpines.org)

**WHAT TO EXPECT  
AND WHAT NOT TO EXPECT  
FROM THE REHABILITATION PROGRAM**

The rehabilitation program staff will help applicants during the rehabilitation process, but applicants are responsible for making the choices and doing the following items:

- Applicants must provide the program staff with necessary information promptly.
- Applicants -not the program staff, choose contractors to submit bids.
- Applicants -not the program staff, select the contractor to do the work.
- Applicants sign Warranty Contracts with the selected contractor.
- Applicants work with the contractors to settle disagreements during the job.
- Applicants AND the program staff must be satisfied with the work performed by the contractor.
- Applicants must contact contractors to ask them to correct problems covered by the Warranty Contract after work has been completed.

Items to think about before participating in the rehabilitation program:

- Not all the work that owner's want done can always be done because of program constraints and requirements.
- Repairs will be made to help correct health & safety problems first.
- Do not expect the property to be completely "new" after work is done.
- Do not expect all floors, walls, ceilings, doors, windows, etc. to be completely plumb, level and square when work is done, as this can be impossible when working with older structures and pre-existing conditions.
- It can be stressful living in a home while a contractor is performing repairs.
- The program staff is NOT the contractor and CAN NOT guarantee that the applicant will be satisfied with the work done by the contractor that the owner selects to perform the work.

**AMERICAN RESCUE PLAN ACT  
COMMERCIAL BUILDING REHABILITATION APPLICATION**

FOR OFFICE USE ONLY:

|              |         |         |
|--------------|---------|---------|
| HOUSEHOLD #: | COUNTY: | STATUS: |
| PROGRAM #:   | AREA:   | DATE:   |



**PART I: APPLICANT INFORMATION**

|   |            |                |                     |  |
|---|------------|----------------|---------------------|--|
| APPLICANT LAST NAME                       | FIRST NAME | MIDDLE INITIAL | DATE OF APPLICATION |  |
| CO-APPLICANT LAST NAME                    | FIRST NAME | MIDDLE INITIAL |                     |  |
| PROPERTY ADDRESS                          | CITY       | STATE          | ZIP                 |  |
| MAILING ADDRESS (IF DIFFERENT FROM ABOVE) | CITY       | STATE          | ZIP                 |  |
| ( ) ( )                                   | ( ) ( )    | COUNTY         | TOWNSHIP            |  |

**PART II. FAIR HOUSING/EQUAL OPPORTUNITY REPORTING**

*THE FOLLOWING INFORMATION IS REQUESTED SOLELY FOR THE PURPOSE OF DETERMINING COMPLIANCE WITH FEDERAL LAWS. YOUR RESPONSE WILL NOT AFFECT THE CONSIDERATION OF YOUR APPLICATION. PLEASE CHECK ALL THAT APPLY.*

|   |   |
|---|---|
| <input type="checkbox"/> WHITE                                  | <input type="checkbox"/> SENIOR CITIZEN             |
| <input type="checkbox"/> BLACK/AFRICAN AMERICAN                 | <input type="checkbox"/> MARRIED                    |
| <input type="checkbox"/> ASIAN                                  | <input type="checkbox"/> SINGLE                     |
| <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE         | <input type="checkbox"/> DIVORCED                   |
| <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER | <input type="checkbox"/> WIDOWED                    |
| <input type="checkbox"/> OTHER:(SPECIFY)                        | <input type="checkbox"/> DISABLED, PLEASE DESCRIBE: |
| <input type="checkbox"/> HISPANIC ETHNICITY                     |   |

**PART III: PROPERTY INFORMATION**

*PLEASE PROVIDE THE FOLLOWING INFORMATION:*

*Is your building inside the City limits of Pine City, Sandstone, Hinckley or Sturgeon Lake?*

OCCUPANCY OF BUILDING:  TENANT OCCUPIED  OWNER OCCUPIED

NAME OF BUSINESSES LOCATED IN BUILDING (PLEASE INDICATE IF ANY SPACE/UNITS ARE VACANT):

| BUSINESS NAME | NAME OF BUSINESS OWNER | DUNS # (FEDERAL REQUIREMENT)* |
|---------------|------------------------|-------------------------------|
|               |                        |                               |
|               |                        |                               |
|               |                        |                               |
|               |                        |                               |

**\*The Federal government asks for DUNS #'s for every business located in a building that receives Federal funds. If a business does not have a DUNS number, please call 1-866-705-5711 and have one assigned to the business.**

|   |                                    |
|---|------------------------------------|
| ESTIMATED AGE OF BUILDING: _____            | ESTIMATED MARKET VALUE: _____      |
| NUMBER OF STORIES: _____                    | NUMBER OF UNITS: _____             |
| RESIDENTIAL SQUARE FOOTAGE: _____           | NON-RESIDENTIAL SQ. FOOTAGE: _____ |
| CURRENT USE OF BUILDING: _____              |                                    |
| PROPOSED USE OF BUILDING AFTER REHAB: _____ |                                    |

**AMERICAN RESCUE PLAN ACT  
COMMERCIAL BUILDING REHABILITATION APPLICATION**

**PROPERTY INFORMATION CONTINUED :**

1. IS THE BUILDING WITHIN THE CORRECT ZONING CLASSIFICATION? \_\_\_\_\_
2. IS THE BUILDING IN A HISTORICAL DISTRICT? \_\_\_\_\_
3. IS THE BUILDING ON THE NATIONAL/STATE HISTORICAL REGISTER? \_\_\_\_\_
4. DO YOU WANT YOUR BUILDING ON THE HISTORIC REGISTER? \_\_\_\_\_
5. IS THE BUILDING IN A REGULATORY FLOOD PLAIN? \_\_\_\_\_

**PART IV. OWNERSHIP INFORMATION**

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

OWNERSHIP OF PROPERTY IS:

BUYING WITH MORTGAGE     FREE & CLEAR     OTHER     CONTRACT FOR DEED

LIST NAME/ADDRESS/PHONE # OF OWNERS ON TITLE/DEED: \_\_\_\_\_ OWNERSHIP INTEREST (%): \_\_\_\_\_

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

OUTSTANDING PRINCIPLE OWED ON BUILDING: \$ \_\_\_\_\_  
LENDING INSTITUTION/MORTGAGE COMPANY (LIST NAME ADDRESS & PHONE): \_\_\_\_\_

**PART V. ESTIMATED REHABILITATION COSTS & REQUIRED LOAN INFORMATION**

**PLEASE SELECT THE IMPROVEMENTS YOU WOULD LIKE TO HAVE DONE:**

|  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> EXTERIOR IMPROVEMENTS | <input type="checkbox"/> AWNINGS     | <input type="checkbox"/> HEATING/COOLING SYTEM UPDATES |
| <input type="checkbox"/> WINDOW REPLACEMENT    | <input type="checkbox"/> FOUNDATION  | <input type="checkbox"/> ELECTRICAL UPDATES            |
| <input type="checkbox"/> FIX CODE VIOLATIONS   | <input type="checkbox"/> INSULATION  | <input type="checkbox"/> PLUMBING UPDATES              |
| <input type="checkbox"/> DOOR REPLACEMENT      | <input type="checkbox"/> ROOFING     | <input type="checkbox"/> ASBESTOS/LEAD REMOVAL         |
| <input type="checkbox"/> ENERGY IMPROVEMENTS   | <input type="checkbox"/> FIRE ESCAPE | <input type="checkbox"/> ACCESSIBILITY IMPROVEMENTS    |

**PLEASE LIST ANY OTHER IMPROVEMENTS YOU WOULD LIKE TO DO:**

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

ESTIMATED COST OF PROJECT: \_\_\_\_\_  
ESTIMATED AMOUNT OF ARPA FUNDS NEEDED: \_\_\_\_\_  
ESTIMATED AMOUNT OF OWNER FUNDS NEEDED: \_\_\_\_\_

SOURCE OF OWNER FUNDS:     SAVINGS     BANK LOAN     OTHER: \_\_\_\_\_

IMPACT OF PROJECT ON JOBS:                      # EXISTING:                      # CREATED: \_\_\_\_\_

Please provide details on any insurance claims on the property: \_\_\_\_\_





**IMPORTANT PRIVACY NOTICE  
READ THIS BEFORE FILLING OUT THE  
APPLICATION**

We are asking that you provide the information on the application form to determine if you are eligible to participate in the rehabilitation program.

Your name, address and the amount of assistance you receive are considered public data under the Minnesota Data Practices Act. Other information that you provide to the housing rehabilitation 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
- Local loan committee members who approve applications
- Auditors Who perform required audits of this program
- Members of the local governing board for the purpose of addressing/resolving applicant complaints (as addressed in the project’s policy and procedural manual)
- 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 must be released if required by 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
- Challenge the accuracy and completeness of the data



**Borrower's Certification and Authorization**



**The undersigned certify the following:**

I/We have applied for a rehabilitation loan/grant through the American Rescue Plan Act (ARPA). In applying for the loan/grant, I/We completed a loan/grant application containing a variety of information on the purpose of the loan/grant, the amount and source of the down payment, employment and income verification, and asset and liability verification.

**Authorization to Release Information:**

To Whom It May Concern:

1. I/We have applied for loan/grant from the Pine County through ARPA funding. As part of the application process, Pine County and it's administrator of the loan/grant, Lakes & Pines CAC, Inc. may verify information contained in my/our loan/grant application and in other documents required in connection with the loan/grant, before the loan/grant is closed or as part of its quality control program.
2. I/We authorize you to provide Pine County/Lakes & Pines CAC, Inc. any and all information they request. Such information may include, but is not limited to, employment income, bank money market, and similar account balance and copies of income tax returns.
3. Pine County/Lakes & Pines CAC, Inc. may address this authorization to any party named in the loan/grant application.
4. A copy of this authorization may be accepted as an original.

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|                      |      |                        |
|----------------------|------|------------------------|
| Borrower's Signature | Date | Social Security Number |
|----------------------|------|------------------------|

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|                      |      |                        |
|----------------------|------|------------------------|
| Borrower's Signature | Date | Social Security Number |
|----------------------|------|------------------------|

\* This release will expire 90 days from the date of signature.





**Certification of Negative Economic Impact**

Pine County has dedicated some of its American Rescue Plan Act (ARPA) funding to help alleviate the negative economic impact that the COVID-19 pandemic had on Pine County residents, landlords and businesses. These funds can be used to make repairs to homes, rental units and commercial buildings to make them safe, healthy and less prone to spreading infectious bacteria, viruses, and the diseases they cause. Completion of this form is required to receive home/building rehabilitation funding.



Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

**Please check the box(es) below to indicate which Executive Order from the Governor of Minnesota, had a negative economic impact on you, your family, or dependents. Select all that apply and be prepared to give a short description on page 2:**

- Executive Order 20-02: Temporary closure of schools
- Executive Order 20-04: Temporary closure of bars, restaurants, and other places of public accommodation
- Executive Order 20-08: Clarifying public accommodations under EO 20-04
- Executive Order 20-09: Delay of inpatient and outpatient elective surgery and procedural cases
- Executive Order 20-14: Suspending evictions and writs of recovery
- Executive Order 20-17: Clarifying application of EO 20-09 to veterinary surgeries and procedures
- Executive Order 20-18: Continuing the closure of bars, restaurants, and other places of public accommodation
- Executive Order 20-19: Authorizing the implementation of distance learning
- Executive Order 20-20: Directing Minnesotans to stay at home
- Executive Order 20-33: Extending stay at home order and temporary closure of bars, restaurants, and other places of public accommodation
- Executive Order 20-48: Extending and modifying stay at home order, continuing temporary closure of bars, restaurants, and other places of public accommodation, and allowing additional workers in certain non-critical sectors to return to safe workplaces
- Executive Order 20-73: Clarifying EO 20-14 suspending evictions and writs of recovery during the COVID peacetime emergency
- Executive Order 20-79: Modifying the suspension of evictions and writs of recovery
- Executive Order 20-81: Require face coverings in certain settings
- Executive Order 20-96: Restricting social gatherings, celebrations, and the hours and operations of bars, restaurants, and venues
- Executive Order 20-99: Implementing a four-week dial back on certain activities (November 18)
- Executive Order 20-101: Implementing a four-week dial back on certain activities (December 14)
- Executive Order 20-103: Extending and modifying EO 20-99

**Please briefly, but thoroughly describe how the Executive Order(s) above impacted you or your household. Use additional pages if necessary:**

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**I/We certify that the information given above is correct and my/our signatures below attest to the truthfulness in our statements of the impact the COVID-19 pandemic had on our family/business.**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_