

Southeast Rural Community Assistance Project, Inc.'s Well Loan Application Checklist

Name: _____ Date: _____

Applicant:

Note: If you normally deposit all of your income and use your checking account to pay your bills, you do not need to attach items #1 & #2. Instead mail us a copy of 3 of your most recent bank statements.

- 1. Latest 3 copies of all sources of income _____
- 2. Latest 3 copies of all household expenses _____
- 3. Verification of Employment:
 - Employer: _____
 - Address: _____
 - _____
 - Phone: _____
 - Salary/hourly wage: _____
 - Hours worked weekly _____
 - Length of employment _____
- 4. Copy of last year's tax return _____
- 5. Bid _____

Co-Applicant:

- 1 Latest 3 copies of all sources of income _____
- 2 Latest 3 copies of all household expenses _____
- 3 Verification of Employment:
 - Employer: _____
 - Address: _____
 - _____
 - Phone: _____
 - Salary/hourly wage: _____
 - Hours worked weekly _____
 - Length of employment _____
- 4. Home address: _____
- Home Phone: _____
- Cell Phone: _____
- 5. Social Security number: _____
- 6. Copy of last year's tax return _____

Loan applications can not be processed without all of the above information.

Southeast Rural Community Assistance Project, Inc.'s Individual Well Loan Application

Mail application to Loan Fund Program, P. O. Box 2868, Roanoke, VA 24001 Phone: 540.345.1184 ext. 24, 35, 22 or 23. This Well loan can not be associated with the construction of a new home (refer to attached flier for eligibility criteria).

Date _____ County _____ Community/Area Name _____

Name _____ E-Mail Address _____

Telephone Number _____ Cell Phone Number _____

Street Address _____ City, State, Zip _____

Amount of Loan Request \$ _____ Monthly Payment Request by Borrower \$ _____

Do you currently own and live in the home where the well work will be completed? ____yes ____no
If not, explain: _____

How long have you been at this address? _____ How Many Houses will be Served
By this Well? _____ Are you Legally Married? _____

Name, Address, and Phone Number of Next of Kin: _____
_____ What relationship? _____

Type of home where the well work will be completed: ___Stick built ___Modular home ___Mobile home

A copy of the Deed of Trust must be submitted with application for Stick built or Modular home.
A Certificate of Title must be submitted with application for Mobile homes.

HOUSEHOLD INFORMATION

(Complete the following section for all members of the household)

Name (List Head of Household First)	Social Security Number	Relationship to Applicant	AGE ¹	Date of Birth	M/F ¹	Race ¹	Disabled

Other Household Characteristics (Enter Number of Persons in Household)

Have Health Insurance _____	Receiving Food Stamps _____
Are Veterans _____	Farmers _____
Disabled _____	Seasonal Farmers _____
Ex-TANF _____	Date Last Received TANF _____

This information is for administrative purposes only and is not used to determine whether or not you are granted assistance.

HOUSEHOLD EXPENSES (list monthly amount for each item):

A. Basic Expenses	Amount	B. Miscellaneous	Amount
1. Mortgage	\$ _____	1. Life Insurance	\$ _____
2. Clothing	\$ _____	2. Health Insurance	\$ _____
3. Electric	\$ _____	3. Car Insurance	\$ _____
4. Gas	\$ _____	4. Homeowners Insurance	\$ _____
5. Water/Sewer	\$ _____	5. Real Estate Taxes	\$ _____
6. Fuel/Oil	\$ _____	6. Personal Property Taxes	\$ _____
7. Coal/Wood	\$ _____	7. Car Repairs (tires, svc,etc)	\$ _____
8. Kerosene	\$ _____	8. Gas/auto maintenance	\$ _____
9. Telephone	\$ _____	9. Home Repairs/Upkeep	\$ _____
10. Cell Phone	\$ _____	10. Child Support	\$ _____
11. Internet	\$ _____	11. Alimony	\$ _____
12. Cable TV/Satellite	\$ _____	12. Child Care	\$ _____
13. Meals Work/School	\$ _____	13. Laundry	\$ _____
14. Groceries	\$ _____	14. Contributions	\$ _____
TOTAL	\$ _____	15. Other	\$ _____
		TOTAL	\$ _____
C. Loans	Amount	D. Medical Expenses	Amount
1. Car Note(s)	\$ _____	1. Prescriptions	\$ _____
2. Credit Card(s)	\$ _____	2. Doctor _____	\$ _____
3. Bank Loans _____	\$ _____	3. Dentist _____	\$ _____
4. _____	\$ _____	4. _____	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

Total monthly expenses (Columns A, B, C and D) \$ _____

If your monthly expenses are more than your monthly income, you will need someone to co-sign on this loan.

CHECK ALL THAT APPLY:

Housing Characteristics

- Housing Substandard
- Total Indoor Plumbing
- First Time Access to Water
- Own
- Rent
- Life Estate
- Heir Property

Project Type

- Emergency
- Construct
- Refurbish
- Services (decontaminate or re-drill well)

Source of Water

- Outside Only
- Piped Inside
- Well
- Haul
- Cistern
- Other

Sewerage Facilities

- Privy
- Inside Toilet
- Cesspool
- Septic System
- Other

CURRENT WATER PROBLEMS (Check applicable items):

- | | | |
|--|--|---|
| <input type="checkbox"/> Broken Pump | <input type="checkbox"/> Leaky Pipes | <input type="checkbox"/> Lead Piping |
| <input type="checkbox"/> Contaminated Water | <input type="checkbox"/> Well Dry | <input type="checkbox"/> No Access To Water |
| <input type="checkbox"/> System Not Working Properly | <input type="checkbox"/> No Hot Water Heater | <input type="checkbox"/> Low Water Pressure |
| <input type="checkbox"/> Other (Specify) _____ | | |

List Contractors Supplying Estimates: _____ Number of Estimates Provided: _____

_____ Contractor	_____ Federal I. D. or Social Security Number
_____ Contractor	_____ Federal I. D. or Social Security Number
_____ Contractor	_____ Federal I. D. or Social Security Number

Comments: _____

It is a criminal offense under the Code of the United States to make willful false statements or misrepresentation of any information provided in the completion of this application.

I have reviewed the information recorded, and attest that to the best of my knowledge, nothing requested has been omitted or misrepresented on this application.

CERTIFICATION AND CONFIDENTIALITY

My signature below grants permission to Southeast RCAP, Inc. or it's designated agent to verify any or all information contained herein with respect to this application for assistance. I understand the information in this application is strictly confidential, and is provided solely for the purpose of determining my eligibility under this program. No information contained herein will be released to any other local, state, or federal agency for any purpose without my expressed written consent, except as it may pertain to my receipt of the funding resources made available through this application.

I authorize you to make whatever credit inquiries you consider necessary concerning the statements made in this loan application. I agree that the application shall remain your property whether or not the loan is granted. I also agree that you may give information regarding my experience with you to credit bureaus and other proper persons. Under penalties of perjury, I certify that I have provided my correct Social Security/Taxpayer Identification Number.

_____ Signature of Applicant	_____ Date
_____ Signature of Co-Applicant	_____ Date
_____ Signature of Co-Applicant	_____ Date

CERTIFICATION

The undersigned applicant(s) hereby certifies to the best of his/her knowledge that the information provided in this application is correct. The applicant(s) is the owner and occupant of the property, for which he/she is applying for a well loan. The property located at _____.

The undersigned further understands that Southeast Rural Community Assistance Project, Inc., will pay the requested loan amount to the contractor and the undersigned is responsible for any balance due the contractor assigned to the well project on the property described above.

In consideration for any loan proceeds paid on behalf of the applicant, the undersigned hereby releases and agrees to indemnify and hold harmless Southeast RCAP, Inc. and its authorized representatives and the referring agency and its authorized representatives from any and all liability in connection with the performance of the repairs and/or improvements.

The undersigned agrees to provide Southeast RCAP, Inc., access to the property at a reasonable time for the purpose of inspecting the work and conducting follow-up visits if desired or necessary.

RELEASE FORM

The routine release of information concerning applicants is covered under the Privacy Act of 1974. From time to time Southeast Rural Community Assistance Project, Inc. uses services of other agencies to assist the applicant.

____ I, the undersigned, do give

____ I, the undersigned, do not give

Southeast Rural Community Assistance Project, Inc. (Southeast RCAP, Inc.) or its designee and the referring agency, its staff, or authorized representatives permission to release information contained in my file to help provide the services.

Applicant(s) _____ Date _____

_____ Date _____

_____ Date _____

Outreach Worker _____ Date _____

Referring Agency/County _____

Outreach Staff Use Only

Date of Visit to Home: _____ Person Interviewed: _____

Congressional District _____ Senate District _____ House District _____

Total Project Cost: \$ _____ Family Contribution: \$ _____

Southeast RCAP Loan Request: \$ _____ Additional Funds Committed to Project: \$ _____

Source of Additional Funds: _____

Interviewer's Comments: _____

Recommend Approval of Loan Request

Do Not Recommend Approval of Loan Request

CAA/CBO Representative _____ Date _____

(Signature)

BID FORM

Date: _____ Name of Contractor/Company: _____

Contractor/Company Address: _____

Telephone # _____ Fax # _____

Federal ID # _____ or Social Security # _____

Customer's Name: _____

Customer's Address: _____

Description of Work: _____

Price per foot \$ _____ or Amount for Job \$ _____ Date Bid Expires _____

Contractor's Signature _____ Date _____
(Authorized Representative)

Civil Rights and Equal Opportunity

The following information is requested by the Federal Government in order to monitor the Recipient's compliance with Section 504 of the Rehabilitation Act of 1973, The Americans with Disabilities Act of 1990, Title VI of the Civil Rights Act of 1964, and the Age Discrimination Act of 1975.

You are not required to furnish this information, but are encouraged to do so.

The law requires that the Recipient may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations the Recipient is required to note race and sex on the basis of visual observation or surname.

If you do not wish to furnish the following information, please check the box below.

Applicant

<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
--

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

I do not wish to furnish this information

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
--

Co - Applicant

<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
--

Ethnicity

- Hispanic or Latino
 Not Hispanic or Latino

I do not wish to furnish this information.

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
--

Credit from the Intermediary Relending Program is provided without regard to sex, marital status, race, color, religion, national origin, age, physical or mental disability, receipt of income from public assistance or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.