

Clean Drinking Water Well Replacement Grant Program

Refer to the flyer for program eligibility criteria and to the last page of this application for requirements specific to this loan/grant program or visit www.rcac.org/lending.

APPLICANT INFORMATION

Property Owners Names (include Jr. or Sr. if applicable):			
Email:		Telephone:	
Property Address:		County:	
City:		State:	Zip:
Mailing Address, if different from above:			
Alternate contact information (family member, friend, etc.) Name:			
Address:		Telephone:	
Do you currently live in the home where the work will be completed?	YES	No. of Yrs:	NO
Property Address where work is to be completed:			
Type of home where the work will be completed:	Stick Built	Manufactured	
Does the well serve other than your home? If so, explain:			
About your Well: What is the issue?			
Well is dry (no longer producing water):	Reduction in water pressure/lower flows:	Well is pumping sand/muddy water:	
Well is catching air/have to wait to be able to pump:	Reduction in water quality:		
Other:			
Approximate date the problem started?			
Are you working with a Driller?	YES	If YES, enter vendor information on page 3.	NO
Other than Well needs			
Connection Fees:	Lateral to Home	Treatment System	
Other:			
ASSISTANCE REQUESTED \$		LOAN TERM REQUESTED (yrs.)	
How did you hear about the program?			
<p>Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenue, NW, Washington, D.C. 20580.</p>			

HOUSEHOLD INFORMATION

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

Name (List Head of Household First)	Social Security Number	Relationship to Applicant*	Date of Birth* (mm/dd/yyyy)	Male/Female*
1.				
2.				
3.				
4.				
5.				
6.				

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

HOUSEHOLD INCOME INFORMATION

(For *all* members of the household)

Source (Name & Address)	Applicant	Co-Applicant	Other(s)
Wages, Salaries, Tips, Business Income	\$ _____	\$ _____	\$ _____
SSI	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
VA Benefits	\$ _____	\$ _____	\$ _____
Other Disability Income	\$ _____	\$ _____	\$ _____
AFDC/TANF	\$ _____	\$ _____	\$ _____
Child Support, Alimony	\$ _____	\$ _____	\$ _____
Pension	\$ _____	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____	\$ _____
Other (Specify): _____	\$ _____	\$ _____	\$ _____
TOTAL ALL SOURCES	\$ _____	\$ _____	\$ _____

APPLICANT DEBT INFORMATION

Type of Loan/Debt	Amount	Monthly Payment
1. Total Mortgage Loan(s):	\$ _____	\$ _____
2. Total Auto Loan(s):	\$ _____	\$ _____
3. Total Credit Card(s):	\$ _____	\$ _____
4. Other (specify): _____	\$ _____	\$ _____
5. Other (specify): _____	\$ _____	\$ _____
6. Other (specify): _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

Contractor/Vendor Information

List Contractors Supplying Estimates

Please advise your proposed well driller that all well bids must be in accordance with County standards and California Well Standards Bulletin 74-90. This includes providing a 4x4 concrete pad at the well head per Section 10, Subsection A of the 74-90 Bulletin.

Contractor	State License Information
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Contractor	State License Information
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Comments: Contractor/vendor preference, if any, and reason:

Please provide the following documentation:

1. Copy of valid Photo I.D (driver's license, passport, etc.)
2. Copy of property deed and/or deed of trust, including legal description
3. Latest property tax statement
4. Copy of your most current pay stub/statement or other income documentation for wages or recurring income sources (most recent two years tax returns if self-employed or receiving rental income)
5. Most recent tax returns (2017)
6. Copy of cost estimates for the proposed solution (at least two estimates)
7. Copy of Trust documents or Trust Certification if property is held in a Living Trust

Mail complete application to:

Deborah Almazan, Loan Officer
Rural Community Assistance Corporation (RCAC)
2978 North Fork Rd.
Fernley, NV 89408
Cell: (725) 221-0474
dalmazan@rcac.org

CERTIFICATION AND CONFIDENTIALITY

I have reviewed the information provided and attest that to the best of my knowledge nothing has been omitted or misrepresented on this application and to the best of his/her knowledge that the information provided in this application is correct and that the water well to be developed will solely serve the residence at the address listed above. The undersigned further understands that Rural Community Assistance Corporation (RCAC) will pay the requested grant 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.

My signature below grants permission to RCAC or 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 grant application. I agree that the application shall remain your property whether or not the grant 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 Number.

In consideration for any grant proceeds paid on behalf of the applicant, the undersigned hereby releases and agrees to indemnify and hold harmless RCAC and its authorized representatives and the referring agency and its authorized representatives from any and all liability in connection with the performance of the improvements.

Signature of Applicant

Date

Signature of Co-Applicant

Date

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 Lender 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 Lender 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	Co-Applicant
Ethnicity	Ethnicity
White	White
Asian	Asian
Black or African American	Black or African American
Native Hawaiian or Other Pacific Islander	Native Hawaiian or Other Pacific Islander
Hispanic or Latino	Hispanic or Latino
Not Hispanic or Latino	Not Hispanic or Latino
I do not wish to furnish this information	I do not wish to furnish this information
Sex:	Sex:
Male	Male
Female	Female
I do not wish to furnish this information	I do not wish to furnish this information

Credit 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.

Requirements/Disclosures for Clean Drinking Water Well Replacement Grant Program

THE UNDERSIGNED (PROPERTY OWNER) AGREES:

- Proposed work must be completed within one (1) year of executing a grant agreement. Applicants must promptly notify Rural Community Assistance Corporation about any unforeseen delays and provide justification for any time extension requests.
- To allow access to the property and cooperate in: 1) a pre-inspection to validate the emergency is drought-related and evaluate project alternatives for the most cost effective solution, 2) a post (after work is completed) inspection to take a water sample for analysis and inspect the work and 3) other inspections/visits by the State and/or Rural Community Assistance Corporation that may be requested with sufficient prior notice.
- Agree to participate in receiving educational materials on water system operations and maintenance, water quality and testing and water conservation measures and self-certify that water conservation measures will be implemented (costs for water analysis can be included in grant).
- Agree to install treatment devices needed for water treatment to meet State water quality standards (cost can possibly be included in grant).
- Provide all information required in this application and cooperate with Rural Community Assistance Corporation in providing any additional information necessary and requested to determine eligibility, property issues, occupancy, etc.
- The full grant amount will be due and payable in full upon sale or transfer of the property within five (5) years of project completion.

Signature of Applicant

Date

Signature of Co-Applicant

Date