

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:	Cell Phone:
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:	\$ _____	\$ _____

