

# Household Water Well and Septic System Loan/Grant

Refer to flyer for program eligibility criteria

### APPLICANT INFORMATION

Name (inc	lude Jr. or	Sr. if applicable):				Email:			
Telephone Number:			Cell Phone Number:						
Address:				City, State, Zip	o:	•			
County:			Community	'Area Name:	•				
Mailing Ad	ldress, if d	ifferent from above:		·					
Alternate	contact inf	ormation (family men	nber, friend, e	etc.) Name:					
Address:					Telephone:				
Do you currently own and live in the home where the work will be completed: Yes No									
If not, expl	lain:								
How long have you been at this address:									
Type of home where the work will be completed:			Stick built		Manufacti	ured			
Brief well/water or septic system history and problem to be corrected with the loan?									
How did you hear about this loan program?									
AMOUNT RE	QUESTED	\$							

## www.rcac.org

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, 6<sup>th</sup> and Pennsylvania Avenue, NW, Washington, D.C. 20580

# **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.				
7.				

<sup>\*</sup> This information is for administrative purposes only and is not used to determine whether or not you are granted assistance.

## **HOUSEHOLD INCOME INFORMATION**

(For all members of the household)

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

<sup>\*</sup>Child Support, Alimony income does not need to be revealed unless the applicant wishes to rely on that income in the determination of creditworthiness.

## **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:	\$	\$

## Well (or other water system work) or Septic System Contractor Information

**List Contractors Supplying Estimates** 

Contractor	State License Information			
Contractor	State License Information			
Comments: Contractor 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, deed of trust, including legal description
- 3. Latest property tax statement
- 4. Most recent Federal Tax returns (all pages)
- 5. Copy of your most current pay stub/statement or other income documentation (past 2 years tax returns if self-employed or receiving rental income)
- 6. Copy of well drilling and/or water system estimates\*
- 7. Copy of Trust documents or Trust Certification if property is held in a Living Trust

## Please email completed application to:

LoanApplications@RCAC.org

Or mail to our office:

RCAC, 3120 Freeboard Drive, West Sacramento, CA 95691

Call 1-855-979-7322 if you wish to speak to a Loan Officer.

\*Please advise your proposed well driller or septic system installer/servicer that all well bids must be in accordance with State/County standards for State where located.

#### 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 or septic system to be developed, repaired or improved will solely serve the residence at the address listed above. The undersigned further understands that Rural Community Assistance Corporation (RCAC) will pay the requested loan amount to the contractor and the undersigned is responsible for any balance due the contractor assigned to the well or septic system 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 RCAC to make whatever credit inquiries you consider necessary concerning the statements made in this loan/grant application. I agree that the application shall remain your property whether or not the loan/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 loan 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 repairs and/or improvements.

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

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.