

HOUSEHOLD SEPTIC SYSTEM AND WATER WELL APPLICATION

Communities Unlimited is a nonprofit organization with limited funds available for low-interest loans to eligible households in need of septic system repairs. CU limits funding to a maximum of \$15,000 per eligible household with an interest rate of 1% and repayment terms of up to 20 years. Payments are due each month.

To be eligible for a loan, you must meet all following eligibility criteria:

- Applicant must own and be the occupant(s) of the property
- Home must be applicant's primary residence
- No reliable source of water to home and no option to connect to a public water utility
- Gross annual household income must not exceed 60% of the median non-metropolitan household income for the State.

APPLICATION PROCESS

Mail your completed application and copies of required documents to the address above.

1. Application form – complete and submit by program deadline – call Communities Unlimited for date
2. Property Tax Receipt – most recently paid real estate tax bill for the property
3. Proof of income – for all earning household members over 18
Examples: last year's W-2, pay stubs for one month, Social Security or SSI award letter
4. Last year's tax return(s) – for all earning household members over 18

You are under no obligation to CU simply by applying. Once approved, an agreement will be mailed to you for your review and signature. You may take the agreement to an attorney for review before signing if you prefer. ***YOU WILL BE NOTIFIED BY OUR OFFICE WHEN TO PROCEED WITH DRILLING OR REPAIR WORK***

If you have questions or need help completing this application, contact 479-443-2700 or info@communitiesu.org.

*This program is partially funded by a grant from the US Department of Agriculture.
Communities Unlimited is an EOE M/F/Disability/Veteran employer, provider and lender.*

COMMUNITIES Unlimited

Date Submitted: _____

Amount Requested: \$ _____

APPLICANT INFORMATION

Name: _____ County: _____

Street Address: _____ City, State: _____ Zip Code _____

Mailing Address: _____ City, State: _____ Zip Code _____

SSN: _____

Phone: _____ Email: _____

Veteran	<input type="checkbox"/> Non-Veteran	<input type="checkbox"/> Veteran-Other	<input type="checkbox"/> Service-Disable Veteran	<input type="checkbox"/> Not Disclosed
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	<input type="checkbox"/> Not Disclosed
Race	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African-American	
	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Two or More Races	<input type="checkbox"/> Not Disclosed
Ethnicity	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Not Disclosed	
<i>The gender/race/ethnicity/veteran data is collected for program reporting purposes only. Disclosure is voluntary and has no bearing on the credit decision.</i>				

CO-APPLICANT INFORMATION

Name: _____ County: _____

Street Address: _____ City, State: _____ Zip Code _____

Mailing Address: _____ City, State: _____ Zip Code _____

SSN Co-Applicant: _____

Phone: _____ Email: _____

Veteran	<input type="checkbox"/> Non-Veteran	<input type="checkbox"/> Veteran-Other	<input type="checkbox"/> Service-Disable Veteran	<input type="checkbox"/> Not Disclosed
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	<input type="checkbox"/> Not Disclosed
Race	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African-American	
	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Two or More Races	<input type="checkbox"/> Not Disclosed
Ethnicity	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Not Disclosed	
<i>The gender/race/ethnicity/veteran data is collected for program reporting purposes only. Disclosure is voluntary and has no bearing on the credit decision.</i>				

HOUSEHOLD INCOME – ALL INDIVIDUALS IN THE HOME OVER 18

Name	Age	Date of Birth	Monthly Income

EMPLOYMENT INFORMATION

Applicant Employer:	Co-Applicant Employer:
Address:	Address:
Position:	Position:
Length of Service:	Length of Service:

Where did you hear about Communities Unlimited? _____

Estimated total cost for this project cost? _____

WHY DO YOU NEED OUR ASSISTANCE?

Do you currently have a well? Yes _____ No _____ Do you currently have a septic system? Yes _____ No _____

Do you have a privy or outhouse? Yes _____ No _____ Do you have a working bathroom? Yes _____ No _____

Do you have hot and cold water at your kitchen sink? Yes _____ No _____

Have you contacted a well contractor to discuss the repair or install? Yes _____ No _____

Where do you get your drinking water from? _____

Describe your existing water problem, potential cause, and how this cause was determined. What action have you taken to correct this problem? What was the outcome? If you have NO source of safe drinking water, please tell us. You may use the back of this page if you need more space.

INFORMATION YOU WILL NEED TO COLLECT

You will need to contact 2-3 water well contractors in your area for estimates. The contractors will come to your site to assess what is needed and will give you an estimate for the work to be completed. *It is your decision as to which contractor to use.*

You need to provide a copy of the estimates from the water well professionals with this application. The estimates must provide:

- Expected/Estimated cost: (e.g., cost per foot drilled)
- Description of all work
- Specs for all materials to be used or installed
- Quotes should not include any maintenance agreements or extra repair parts

Additional information required from the water well/water quality professionals includes:

- Warranty for work to be done
- Certificate of insurance
- Certification or License Number
- Estimated start and end date for work

Provide a copy of a valid permit for a well if it is required by your county. Your water well contractor can help you with this, or you may need to go to your local health department and pay the associated fee. Take proof of income with you and the fee may be waived. Getting a permit usually takes several weeks, **so do this as soon as you can.**

ADDITIONAL INFORMATION

Please use the space below to offer any information you wish Communities Unlimited to know as your application is considered. You can add additional pages if needed. Please explain unusual medical expenses and if anyone in your household is handicapped, disabled, or severely ill.

My signature below grants permission to Communities Unlimited, or it's designated agent, to verify any or all information contained herein with respect to this application for assistance. I authorize you to make whatever credit inquiries you consider necessary concerning the statements made in this application.

The information obtained from these forms will be used only to qualify an application for Communities Unlimited assistance.

I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct and complete:

Print Name of Applicant

Signature of Applicant

Date

Print Name of Co-Applicant

Signature of Co-Applicant

Date