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 reception@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.
Date Submitted: __________________________
Amount Requested: $_____________

APPLICANT INFORMATION

Name: ________________________________________________________ County: _______________________
Street Address: _______________________________________________ City, State: ______________________ Zip Code ______________
Mailing Address: ______________________________________________ City, State: ______________________ Zip Code ______________
SSN: __________________________________________________________________________________________
Phone: _____________________________ Email: _____________________________

CO-APPLICANT INFORMATION

Name: __________________________________________________________ County: __________________________
Street Address: _______________________________________________ City, State: _________________ Zip Code ______________
Mailing Address: ______________________________________________ City, State: _________________ Zip Code ______________
SSN Co-Applicant: ______________________________________________________________________________
Phone: _____________________________ Email: _____________________________

HOUSEHOLD INCOME – ALL INDIVIDUALS IN THE HOME OVER 18

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Monthly Income</th>
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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 its 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

________________________________________________  ______________________________
Signature of Applicant                                                                  Date

________________________________________________
Print Name of Co-Applicant

________________________________________________  ______________________________
Signature of Co-Applicant                                                                  Date