

Southeast Rural Community Assistance Project, Inc.

Application Checklist

Applicant:

Co-Applicant:

- | | Applicant: | Co-Applicant: |
|--|--------------------------|--------------------------|
| 1. Latest 3 months of all sources of income | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Latest 3 months of all household expenses | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Most recent 3 Months of Bank statements | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Copy of last year's tax return | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Copy of Drivers License | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Copy of Deed of Trust, Deed or (Tax Bill for grant only) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Copy of Social Security Card | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Two estimates from a licensed & insured contractor (See Page 5) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Check or Money Order in amount of \$25
for Credit Report for a loan or Self Help for a grant | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Please be sure to sign page 5 & 6 of the application, to insure the faster process time. | | |
| 11. If SERCAP requests additional information from you, it must be sent to us within TEN (10) Days , or your application will be denied due to your incomplete application. | | |
| 12. Mail all correspondences to the following address: | | |

Southeast Rural Community Assistance Project, Inc.
347 Campbell Avenue, S.W.
Roanoke, VA 24016

*For Home Improvement and Septic System Loans by signing **Page 5** of this application **you** (client) are agreeing to pay SERCAP for a Title Search Fee that can cost as much as \$150.00 if your application is not approved.

*Should you be approved for the loan, the Title Search Fee can be added to your (client) loan amount as long as it does not exceed the loan limit. *

Other Household Characteristics (Enter Number of Persons in Household)

Have Health Insurance: _____ Receiving Food Stamps: _____ Are Veterans: _____
 Farmers: _____ Seasonal Farmers: _____ Disabled: _____
 Ex-TANF: _____ Date Last Received TANF _____

How did you hear about us:

Advertisement _____ E-mail/Newsletter _____ Facebook _____ Family or Friend _____ Newspaper _____
 Website/Search Engine _____ Health Department _____ County Administrator _____ Other _____

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

Loan applications can not be processed without all of the above information.

Southeast Rural Community Assistance Project, Inc.'s Individual Application

Mail application to - 347 Campbell Ave., Roanoke, VA 24016 Phone: 540.345.1184

Well Loans can not be associated with the construction of a new home (refer to attached flier for eligibility criteria).

Purpose: Individual Well Loan Septic System Loan (VA) Home Improvement Loan (VA)
 Miscellaneous Grants (State of Virginia Only) Housing Program (State of Virginia Only)

Amount of Loan: \$ _____ **Monthly Payment Request:** \$ _____

Applicant Information

Name (include Jr. or Sr. if applicable): _____

Telephone Number: _____ Cell Phone Number: _____

Present Address: _____ City, State, Zip: _____

Mailing Address, if different from Present Address: _____

County _____ Community/Area Name _____ E-Mail: _____

Do you currently own and live in the home where the work will be completed? ___yes ___no

If not, explain: _____

How long have you been at this address? _____ How Many Houses will be Served
By this loan? _____ Are you Legally Married? ___yes ___no

Name, Address, and Phone Number of Next of Kin: _____

What relationship? _____

Type of home where the work will be completed: ___Stick built ___Modular home ___Mobile home

A copy of the Deed of Trust must be submitted with application for Stick built or Modular home.

A Certificate of Title must be submitted with application for Mobile homes.

HOUSEHOLD INFORMATION

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

Name (List Head of Household First)	Driver License Number	Relationship to Applicant	Date of Birth	M/F ¹	Race ¹	Disabled

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

TOTAL GROSS HOUSEHOLD INCOME

This will include ANYONE living in the house

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			

*Income Sources: Include place of employment, rent received, TANF (AFDC) SS, SSI, unemployment benefits, retirement benefits, etc. Use the following space below to list additional incomes sources for individuals above.

Additional Income Sources:

Total Monthly Household Income \$ _____

Applicant's Employer Name: _____

Applicant's Employer Address: _____

Business Phone #: _____

Business Fax #: _____

Years on this Job: _____

Position/Title/ Type of Business: _____

HOUSEHOLD EXPENSES (list monthly amount for each item):

A. Basic Expenses	Amount	B. Miscellaneous	Amount
1. Mortgage	\$ _____	1. Life Insurance	\$ _____
2. Clothing	\$ _____	2. Health Insurance	\$ _____
3. Electric	\$ _____	3. Car Insurance	\$ _____
4. Gas	\$ _____	4. Homeowners Insurance	\$ _____
5. Water/Sewer	\$ _____	5. Real Estate Taxes	\$ _____
6. Fuel/Oil	\$ _____	6. Personal Property Taxes	\$ _____
7. Coal/Wood	\$ _____	7. Car Repairs (tires, svc, etc)	\$ _____
8. Kerosene	\$ _____	8. Gas/auto maintenance	\$ _____
9. Telephone	\$ _____	9. Home Repairs/Upkeep	\$ _____
10. Cell Phone	\$ _____	10. Child Support	\$ _____
11. Internet	\$ _____	11. Alimony	\$ _____
12. Cable TV/Satellite	\$ _____	12. Child Care	\$ _____
13. Meals Work/School	\$ _____	13. Laundry	\$ _____
14. Groceries	\$ _____	14. Contributions	\$ _____
		15. Other	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

C. Loans	Amount	D. Medical Expenses	Amount
1. Car Note(s)	\$ _____	1. Prescriptions	\$ _____
2. Credit Card(s)	\$ _____	2. Doctor _____	\$ _____
3. Bank Loans _____	\$ _____	3. Dentist _____	\$ _____
4. _____	\$ _____	4. _____	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

Total monthly expenses (Columns A, B, C and D) \$ _____

****If your monthly expenses are more than your monthly income, you will need someone to co-sign on this loan.**

Co-applicant information:

Name: _____

Home Address: _____

Mailing Address if different from Home Address: _____

Home Phone #: _____ Cell Phone #: _____

Driver License #: _____ - _____ - _____ Date of Birth: _____

Employer Name: _____

Employer Address: _____

Business Phone #: _____

Years on this Job: _____

Position/Title/ Type of Business: _____

Contractor Information

- **Minimum of two (2) Estimates Required**
- **Contractor must be Licensed and Insured**
- **Below circle the name of the contractor you want to use.**

List Contractors Supplying Estimates: Number of Estimates Provided: _____

Contractor	Federal I. D. or Social Security Number
Contractor	Federal I. D. or Social Security Number
Contractor	Federal I. D. or Social Security Number

Comments: _____

It is a criminal offense under the Code of the United States to make willful false statements or misrepresentation of any information provided in the completion of this application.

I have reviewed the information recorded, and attest that to the best of my knowledge, nothing requested has been omitted or misrepresented on this application.

CERTIFICATION AND CONFIDENTIALITY

My signature below grants permission to Southeast RCAP, Inc. or it's 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 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/Taxpayer Identification Number.

Signature of Applicant	Date
Signature of Co-Applicant	Date
Signature of Co-Applicant	Date

CERTIFICATION

The undersigned applicant(s) hereby certifies to the best of his/her knowledge that the information provided in this application is correct. The applicant(s) is the owner and occupant of the property, for which he/she is applying for a well loan. The property located at _____.

The undersigned further understands that Southeast Rural Community Assistance Project, Inc., will pay the requested loan 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.

In consideration for any loan proceeds paid on behalf of the applicant, the undersigned hereby releases and agrees to indemnify and hold harmless Southeast RCAP, Inc. 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 Southeast RCAP, Inc., access to the property at a reasonable time for the purpose of inspecting the work and conducting follow-up visits if desired or necessary.

RELEASE FORM

The routine release of information concerning applicants is covered under the Privacy Act of 1974. From time to time Southeast Rural Community Assistance Project, Inc. uses services of other agencies to assist the applicant.

____ I, the undersigned, do give

____ I, the undersigned, do not give

Southeast Rural Community Assistance Project, Inc. (Southeast RCAP, Inc.) or its designee and the referring agency, its staff, or authorized representative's permission to release information contained in my file to help provide the services.

Applicant(s) _____ Date _____

_____ Date _____

_____ Date _____

Outreach Worker _____ Date _____

Referring Agency/County _____

Outreach Staff Use Only

Date of Visit to Home: _____ Person Interviewed: _____

Congressional District _____ Senate District _____ House District _____

Total Project Cost: \$ _____ Family Contribution: \$ _____

Southeast RCAP Request: \$ _____ Additional Funds Committed to Project: \$ _____

Source of Additional Funds: _____

Interviewer's Comments: _____

Recommend Approval of Loan Request Do Not Recommend Approval of Loan Request

CAA/CBO Representative _____ Date _____

(Signature)

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 Recipient 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 Recipient 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

<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
--

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

I do not wish to furnish this information

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
--

Co - Applicant

<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
--

Ethnicity

- Hispanic or Latino
 Not Hispanic or Latino

I do not wish to furnish this information.

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
--

Credit from the Intermediary Relending Program 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.