

SERCAP Individual Programs Application

Low-interest Loans/Grants for Wells, Septic Systems, and Home Improvement

SERCAP has Low interest loans and grants available to construct, refurbish or replace individual water well systems, septic systems, or home improvements!







General Program Requirements

- Residence must be in an eligible rural area, town, or community in SERCAP's seven state service area.
- Applicants must own (or provide recorded Lifetime Rights) and occupy the home being improved.
- New home construction and community water systems are not eligible.
- Household income may not exceed the state median income limit.

Please contact SERCAP staff for further information: (540)345-1184

Please mail all correspondences to the following address:

Southeast Rural Community Assistance Project, Inc. 347 Campbell Ave. SW Roanoke, VA 24016

If any additional information is requested it must be sent to us within TEN (10) business days, or your application will be denied.

Application fee is non-refundable, whether approved or denied from assistance.



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Please Check the Box Next to the Program to which You are Applying:

- Individual Well Loan Program: (DE, MD, VA, NC, SC, GA, FL) \$30.00 Application Fee per Applicant. SERCAP's Individual Well Loan program can be used for repairs, upgrades, or drilling of a new well for an Existing Home Only Cannot be Used on New Construction.
 - Applicant must own and occupy the property
 - Maximum loan amount \$11,000
 - 1% fixed interest rate, for the duration of the loan term 5-10 years
 - Well MUST BE ATTACHED to Applicant's House/Property -Program CANNOT be Used for New Construction
- Septic Loan & Home Improvement Loan Program: (VA & DE Only) \$30.00 Application Fee per Applicant. SERCAP's Septic Loan Program can be used for the repair, upgrade, or installation of a new septic system.
 - Applicant must own and occupy the property
 - Maximum Loan Amount up to \$15,000 for the construction of a new septic system, or repairs/ upgrades to an existing system
 - Maximum Loan Amount up to \$15,000 for repairs or modifications to a home, that increases the health, safety, and/or standard of living

Information Needed for Application: Well, Septic & Home Improvement

- 1 months most recent bank statements (all pages)
- Copy of at least 1 months most recent pay stubs, and/or award letter
- If Self-employed 2 years of signed tax returns (all pages)
- Copy of Federal or State issued photo identification, such as a driver's license
- Copy of Social Security Card
- Two written estimates from licensed & insured contractors
- Copy of Deed to property
- Certificate of Title of mobile home (if applicable)
- Latest Proof of Payment for Real Estate Taxes
- Copy of Homeowners Insurance
- Application fee(s), please send the corresponding fee amount for the program you are applying for.
- Application fee is per applicant Please make the check or money order paid to the order of SERCAP, Inc.

If approved applicant may be required to pay a title search fee that may range from \$150-250, dependent on circumstances.

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Please Check the Box Next to the Program to which You are Applying:

☐ IPR/Housing Programs: Available Only In Specific Counties: No application fee

- Program Income: (General Home Repairs): Amherst, Botetourt, Buckingham, Caroline, Clarke, Floyd, Frederick, Lunenberg, Montgomery, Prince Edward, Prince George, Pulaski, Roanoke, Rockingham, Shenandoah, Suffolk, and Wythe.
- County Funds: (Water/Wastewater/ADA Ramp): Alleghany, Amelia, Bath, Bland, Buckingham, Dinwiddie, Fauquier, Fluvanna, Northampton, Northumberland, Page, Pittsylvania, Pulaski, Roanoke, Rockbridge, Southampton, and Surry.
- IPR (No indoor bathroom/Indoor plumbing, failed septic system, or non-potable water): Augusta, Albemarle, Buckingham, Fluvanna, Greene, Highland, Louisa, Nelson, Page, Rockingham, and Shenandoah.

N.B. Please Note the Contractors for the IPR Program MUST BE Lead Certified.

Information Needed for Application: Housing Programs

- 2 months most recent bank statements (all pages)
- Copy of at least 2 months most recent pay stubs, and/or award letter
- Copy of at least 2 months Bills Mortgage, Utility Bills, etc.
- If Self-employed 2 years of signed tax returns (all pages)
- Copy of Federal or State issued photo identification, such as a driver's license
- Copy of Social Security Card
- Copy of Deed to Property or Proof of Lifetime Rights
- Certificate of Title of mobile home (if applicable)
- Latest Proof of Payment for Real Estate Taxes
- Two written estimates from licensed & insured contractors
 (N.B. Please Note that NO ESTIMATES are Required for the IPR Program)
- Copy of Homeowners Insurance

If approved applicant may be required to pay a title search fee, *Costs May Vary*, dependent on circumstances.



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Applicant Information:		
Name (include Jr. or Sr. if applicable):	Email:	
Telephone Number:	Cell Phone Number:	
Address:	City, State, Zip:	
County:	Community/Area Name:	
Do you currently own and live in the home where	· 	
Type of home where the work will be completed:	l: Stick Built Manufactured Mobile	
Brief well/water system history and/or problem t	to be corrected with the loan/grant:	
How did you hear about the loan/grant program?	?	

NOTICE: The federal Equal 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 an public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administer 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

MONTHLY PAYMENT REQUEST (\$)_____

LOAN/GRANT REQUESTED \$ _____

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Household Information: Complete the Chart for All Members of the Household

	Full Name (List Head of Household First)	Social Security #	Relationship to Applicant*	Date of Birth* (mm/dd/yyyy)	Male/Female
1					
2					
3					
4					
5					
6					
7					

Household Income Information: Complete the Chart for All Members of the Household

Source of Income	Applicant (\$ Amount)	Co-Applicant (\$ Amount)	Other
Wages, Salaries, Tips, Business Income			
Social Security			
VA Benefits			
Other Disability Benefits			
TANF/Food Stamps			
Child Support/Alimony*			
Pension			
Rental Income			
Other (Specify):			
Other (Specity:			

Household Debt Information: Complete the Chart for All Members of the Household

Total Debt/Loans	\$ Amount	Monthly Payment	Total Debt/Loans	\$ Amount	Monthly Payment
Mortgage Loan(s):			Other (Specify):		
Total Auto Loan(s):			Other (Specify):		
Total Credit Card(s):			Other (Specify):		
		•			



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Disabled

Other Household Characteristics

Have Health Insurance

This information is for administrative purposes, and is not used to determine whether or not you are granted assistance. Please complete the following fields with the number of persons in the home whom receive, qualify, or have obtained the following (Please Check All that Apply):

Veterans

Receiving Food Stamps

Income Verification:				
Disability, SNAP/EBT, Food Stamps, etc., please pro	oyment. If unemployed put N/A. If receiving Social Security, ovide a copy of award letter for verification of benefit(s). If you come please include award documentation, and proof of receipt			
Does either applicant own any other real estate?	Yes No			
If yes, please list:				
Applicant's Employer Name:				
Applicant's Employer Address:				
Business Phone #	Business Fax #			
Years on this Job:	Position/Title/Type of Business:			
IF APPLICANT LEGALLY MARRIED, SPOUSE Co-Applicant's Employer Name:				
Business Phone #				
Years on this Job:	Position/Title/Type of Business:			
Co-Applicant Phone Number(s):				
Driver's License #:	Date of Birth:			

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Contractor Information

List Contractors Supplying Estimates:

- Minimum of 2 (two) estimates in writing are required Contractor must be Licensed and Insured
- For Loans Contractor must be Bonded
- For IPR/Housing Program Applicants ONLY Estimates MUST Be Obtained from Lead Certified Contractors

Contractor 1:	Federal ID/Social Security #:			
Contractor 2:	Federal ID/Social Security #:			
For Housing Programs, we must use the lowest estimate. If approved for a loan you have the right to use the contractor of your choice. If approved which contractor supplying an estimate do you choose? Name of Contractor Choice:				
	States to make willful false statements or misrepresentation of			
I have reviewed the information recorded, and attest omitted or misrepresented on this application.	that to the best of my knowledge, nothing requested has been			
I also certify, swear and affirm that I have not been do government programs.	ebarred or banned from participating in any federal, state or loca			
CERTIFICATION AND CONFIDENTIALITY				
contained herein with respect to this application for a strictly confidential, and is provided solely for the pur formation contained herein will be released to any ot	RCAP, Inc. or it's designated agent to verify any or all information assistance. I understand the information in this application is roose of determining my eligibility under this program. No inther local, state, or federal agency for any purpose without my o my receipt of the funding resources made available through			
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:



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CERTIFICATION

The undersigned applicant(s) hereby certifies to the best of his/her knowledge that the information application is correct. The applicant(s) is the owner and occupant of the property, for which he/she loan/grant, for the property located at:	-
. The undersigned further understands that Southeast Rural Community Assistance Project, Inc., will ploan amount to the contractor and the undersigned is responsible for any balance due the contractor project on the property described above. Contractor MUST receive SERCAP approval before work ca	or assigned to the
In consideration for any loan proceeds paid on behalf of the applicant, the undersigned hereby releating and hold harmless SERCAP and its authorized representatives and the referring agency are representatives from any and all liability in connection with the performance of the repairs and/or in	nd its authorized
The undersigned agrees to provide Southeast RCAP, Inc., access to the property at a reasonable time of inspecting the work and conducting follow-up visits if desired or necessary.	e for the purpose
RELEASE FORM	
The routine release of information concerning applicants is covered under the Privacy Act of 1974. F Southeast Rural Community Assistance Project, Inc. (SERCAP) uses services of other agencies to assi	
I, the undersigned, do give I, the undersigned, do not give	
Southeast Rural Community Assistance Project, Inc. (SERCAP) or its designee and the referring agent authorized representative's permission to release information contained in my file to help provide the	•
Signature of Applicant: Date:	
Signature of Co-Applicant: Date:	

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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. If you would like to provide the information, please check the applicable box in each category.

Applicant:	I do not wish to furnish this information					
Race:					Ethnici	ty:
	White Asian Black or Africa Native Hawaiia Other			c Islander		Hispanic or Latino Not Hispanic or Latino
Sex:	Male		Female			
Co – Applicant	:: I do no	t wish	to furnish	this informa	tion	
Race:					Ethnici	ty:
	White Asian Black or Africa Native Hawaiia Other			c Islander		Hispanic or Latino Not Hispanic or Latino

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.

Sex:

Male

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U. S. DEPARTMENT OF AGRICULTURE

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBITY AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.

- 1. The prospective participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- 2. Where the prospective participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Date:

Signature of Co-Applicant:	Date:	
Emergency Contacts:		
Name:		
Relationship to Applicant:		
Phone Number:		
Name:		
Relationship to Applicant:		
Phone Number:		

Signature of Applicant: