



Southeast Rural Community Assistance Project

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 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

Information Needed for Application:

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

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

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

Please mail all correspondences to the following address:

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

If approved applicant may be required to pay a title search fee that may be as high as \$150.00, dependent on circumstances

Please check the box for the program(s) you are applying for:

Individual Well Loan Terms: (DE, MD, VA, NC, SC, GA, FL)

\$30.00 Application Fee

The Individual Well Loan program can be used for repairs, upgrades, or drilling of a new well for an existing home.

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.

Septic Loan & Home Improvement Loan Program: VA & DE Households Only

\$30.00 Application Fee

The Septic Loan Program can be used for the repair, upgrade, or installation of a new septic system. The application information needed is same as on the first page, with the exception of a 640 minimum credit score. Loan terms as follows:

- Up to \$9,000 for the construction of a new septic system
- Up to \$6,000 for repairs or upgrades to an existing septic system
- Up to \$6,000 for repairs or modifications to a home that increases the health, or safety standard of living.

Miscellaneous Grants Program: VA Households Only

\$25.00 Self-Help Fee

The Miscellaneous Grants Program is provided to Virginia Homeowners only. The program can provide financial grant assistance up to the following amounts:

- \$600 towards water/wastewater repair projects
- \$1,000 towards the installation of a new well
- \$1,000 towards a tap fee for water/wastewater
- \$1,500 towards the installation of a new septic system
- \$2,000 towards a new alternative septic system
- \$3,500 maximum towards laterals for water/wastewater

IPR/Housing Programs: Available Only In Specific Counties:

No application fee

Program Income: (Gen. Home Repairs): Amherst, Botetourt, Buckingham, Caroline, Clarke, Floyd, Frederick, Lunenburg, Montgomery, Prince Edward, Prince George, Pulaski, Rockingham, Suffolk, and Wythe.

County Funds: (Water/Wastewater): Bland, Buckingham, Dinwiddie, Northampton, Northumberland, Roanoke, Southampton, and Surry.

IPR (No indoor bathroom/Indoor plumbing, failed septic system): Augusta, Albemarle, Buckingham, Fluvanna, Greene, Highland, Louisa, Nelson, Page, Rockingham, and Shenandoah.



Water is life™

Southeast Rural Community Assistance Project

SERCAP Individual Assistance Loan/Grant Application

Applicant Information

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

Telephone Number: _____ Cell Phone Number: _____

Address: _____ City, State, Zip: _____

County: _____ Community/Area Name: _____

Mailing Address, if different from above: _____

Do you currently own and live in the home where the work will be completed:

Yes No (circle one)

If not,

explain: _____

How long have you been at this address: _____

Type of home where the work will be completed: (Check One) Stick built Manufactured Mobile

Brief well/water system history and/or problem to be corrected with the loan:

How did you hear about the loan program? _____

LOAN/GRANT REQUESTED \$ _____ MONTHLY PAYMENT REQUEST (\$) _____

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

HOUSEHOLD INFORMATION

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

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

* 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	\$	\$	\$
Social Security	\$	\$	\$
VA Benefits	\$	\$	\$
Other Disability Income	\$	\$	\$
TANF/Food Stamps	\$	\$	\$
Child Support/Alimony*	\$	\$	\$
Pension	\$	\$	\$
Rental Income	\$	\$	\$
Other (specify):	\$	\$	\$
Other (specify):	\$	\$	\$

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

HOUSEHOLD DEBT INFORMATION

Total Mortgage Loan(s):	Amount:	Monthly Payment:
Mortgage Loans:	\$	\$
Total Auto Loan(s):	\$	\$
Total Credit Cards(s):	\$	\$
Other(specify)	\$	\$
Other(specify)	\$	\$
Other(specify)	\$	\$

Other Household Characteristics

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:

Have Health Insurance: _____

Veterans: _____

Receiving Food Stamps: _____

Disabled: _____

Income Verification

Please provide information for your current employment. If unemployed put N/A. If receiving Social Security, Disability, SNAP/EBT, Food Stamps, etc., please provide a copy of award letter for verification of benefit(s). If you are choosing to list child support, or alimony as income please include award documentation, and proof of receipt of payment.

Does either applicant own any other real estate? If yes 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 MUST CO-SIGN:

Co-Applicant's Employer Name: _____

Applicant's Employer Address: _____

Business Phone # _____

Business Fax # _____

Years on this Job: _____

Position/Title/Type of Business: _____

Co-Applicant Phone Number(s): _____

Driver's License #: _____ Date of Birth: _____

Contractor Information

***Minimum of 2 (two) estimates in writing are required.**

***Contractor must be Licensed and Insured**

*** For Loans Contractor must be Bonded**

List Contractors Supplying Estimates:

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

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 of choice: _____

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.

I also certify, swear and affirm that I **have not** been debarred or banned from participating in any federal, state or local government programs.

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

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 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.

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 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

I do not wish to furnish this information

White
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander

Ethnicity:
 Hispanic or Latino
 Not Hispanic or Latino

Sex
 Male Female

Co – Applicant

I do not wish to furnish this information

White
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander

Ethnicity
 Hispanic or Latino
 Not Hispanic or Latino

Sex
 Male 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.

U. S. DEPARTMENT OF AGRICULTURE

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY 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.

Applicant

Date

Co-Applicant

Date