

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 and origination fees are non-refundable, whether approved or denied from assistance.



SERCAP Individual Programs Application

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

- Individual Well & Septic Loan Program: (DE, MD, VA, NC, SC, GA, FL) SERCAP's Individual Well and Septic 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 \$15,000 per request (the same client may request \$15,000 for a Well and \$15,000 for a Septic System)
 - 1% fixed interest rate, for the duration of the loan term 5-10 years
 - Well and/or Septic System MUST BE ATTACHED to Applicant's House/Property -Program CANNOT be Used for New Construction
- Home Improvement Loan Program: (VA & DE Only) SERCAP's Home Improvement Loan Program can be used for repairs and/or modifications to the household.
 - Applicant must own and occupy the property
 - 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
- One written estimate from licensed & insured contractor
- 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
- Credit Report Fee is \$30 per applicant Please make the check or money order pay to the order of SERCAP, Inc.

*SERCAP's Well, Septic, and Home Improvement Loans require a 1% Application Fee and 2% Origination Fee, \$350 in Closing Costs (all of which can be rolled into the loan amount if sufficient funds are available), and a \$30 Credit Report Fee per applicant which must be paid up front via cash, check, or money order.

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

- Essential & Critical Needs Grant Program: (Virginia Only) \$25.00 Self-help Fee per Applicant. SERCAP's E&CN Grant Program can be used towards repair/replacement of Well/Septic System, Water Heater, and more, for an Existing Home Only Cannot be Used on New Construction.
 - Residence must be in an eligible rural area, town, or community in Virginia
 - Applicants must own and occupy the home.
 - New home construction and community water systems are not eligible.
 - Household income may not exceed the state median income limit.
- Loan/Grant Combination: (Virginia Only) \$30.00 Credit Report Fee per Applicant. SERCAP's Loan/Grant Combination can be used to provide grant and loan assistance for any eligible use under SERCAP's Individual Household Loan programs and the E&CN Grant Program.
 - Residence must be in an eligible rural area, town, or community in Virginia
 - Applicants must own and occupy the home.
 - New home construction and community water systems are not eligible.
 - Household income may not exceed the state median income limit.
 - Maximum Loan Amount up to \$15,000 for the construction of a new well/septic system, repairs/upgrades to an existing well/septic system, or critical home improvements.

Information Needed for Application: E&CN Grant and Loan/Grant Combination

- 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
- One written estimate from licensed & insured contractor
- 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
- Credit Report Fee is per applicant Please make the check or money order pay to the order of SERCAP, Inc.



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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.





Applicant Information:		
Name (include Jr. or Sr. if applicable):	Email:	
Telephone Number:	Cell Phone Number:	
Address:	City, State, Zip:	
County:Comr	munity/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
How long have you been at this address?		
Type of home where the work will be completed:	Stick Built Manufactured	Mobile
Brief well/water system history and/or problem to be	corrected with the loan/grant:	
How did you hear about the loan/grant program?		
IOAN/GRANT REQUESTED \$	MONTHLY PAYMENT REOLIEST (\$)	

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



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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):		





Date of Birth:

Other Household Characteristics

Driver's License #: _____

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):

Have Health Insurance	Veterans	Receiving Food Stamps	Disabled
Income Verification:			
Please provide information for your possibility, SNAP/EBT, Food Stamps, eare choosing to list child support, or of payment.	tc., please pro	vide a copy of award letter for	verification of benefit(s). If you
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 Busine	ss:
IF APPLICANT LEGALLY MARRIE Co-Applicant's Employer Name:	·		
Co-Applicant's Employer Address:			
Business Phone #		Business Fax #	
Years on this Job:		Position/Title/Type of Busine	ss:
Co-Applicant Phone Number(s):			



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Contractor Information

- Minimum of 1 (one) estimate in writing is required Contractor must be Licensed and Insured
- For Loans Contractor must be Bonded
- For IPR/Housing Program Applicants ONLY Estimate/s MUST Be Obtained from Lead Certified Contractors

List Contractors Supplying Estimates.	
Contractor 1:	Federal ID/Social Security #:
Contractor 2:	Federal ID/Social Security #:
For Housing Programs, we must use the lowest estim tor of your choice. If approved which contractor supp	ate. If approved for a loan you have the right to use the contrac- lying an estimate do you choose?
Name of Contractor Choice:	
It is a criminal offense under the Code of the United Sany information provided in the completion of this approximation provided in the completion of this approximation provided in the completion of this approximation.	States to make willful false statements or misrepresentation of oplication.
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 degovernment programs.	ebarred or banned from participating in any federal, state or local
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 of	RCAP, Inc. or it's designated agent to verify any or all information assistance. I understand the information in this application is rpose 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
loan/grant application. I agree that the application shed. I also agree that you may give information regard	consider necessary concerning the statements made in this hall remain your property whether or not the loan/grant is granting my experience with you to credit bureaus and other proper ve provided my correct Social Security/Taxpayer Identification
Signature of Applicant:	Date:
Signature of Co-Applicant:	Date:





CERTIFICATION

CERTIFICATION	
	t of his/her knowledge that the information provided in this occupant of the property, for which he/she is applying for a
	ral Community Assistance Project, Inc., will pay the requested esponsible for any balance due the contractor assigned to the JST receive SERCAP approval before work can begin.
indemnify and hold harmless SERCAP and its authorized	the applicant, the undersigned hereby releases and agrees to representatives and the referring agency and its authorized with the performance of the repairs and/or improvements.
The undersigned agrees to provide Southeast RCAP, Inc. of inspecting the work and conducting follow-up visits if	, access to the property at a reasonable time for the purpose desired or necessary.
RELEASE FORM	
<u> </u>	s is covered under the Privacy Act of 1974. From time to time RCAP) 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. (SEF authorized representative's permission to release inforn	RCAP) or its designee and the referring agency, its staff, or nation contained in my file to help provide the services.
Signature of Applicant:	Date:
Signature of Co-Applicant:	Date:



Sex:

Male

Southeast Rural Community Assistance Project, Inc.

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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.

information, p	lease cl	heck the applic	able box in each categ	ory.	
Applicant:		I do not wish t	o furnish this informat	tion	
Race:				Ethnici	ty:
		or African Amer Hawaiian or Of	ican ther Pacific Islander		Hispanic or Latino Not Hispanic or Latino
Sex:		Male	Female		
Co – Applican	t:	I do not wish t	o furnish this informat	tion	
Race:				Ethnici	ty:
		or African Amer Hawaiian or O	ican ther Pacific 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.



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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.

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



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Estimated Monthly Payment
\$ is the estimated monthly payment for the Loan.
Referrals
Please list the name and contact information for anyone you would like to refer to SERCAP for services.
Name:
Relationship to Applicant:
Phone Number:
Email Address:
Name:
Relationship to Applicant:
Phone Number:
Email Address:
Other Services
Pleas list any other Services that you would like assistance with from SERCAP: