

**RURAL HOUSING, INC.**  
**4506 Regent Street**  
**Madison, WI 53705**

Dear Applicant:

You recently requested an application for a Water Well System loan. I am now enclosing a copy for you to complete. USDA Rural Utilities provide funds for RURAL HOUSING to operate the Water Well System program. Their regulations require that we verify the eligibility of all the people who receive assistance.

The loan program is as follows:

- ⌚ 1% interest rate
- ⌚ Payable over a maximum of 20-year period
- ⌚ Maximum loan amount is \$11,000

Please send back to Rural Housing the following documents along with the following pages.

1. **Proof of Property Ownership.** A legal description of the property should be included. This may include a copy of an original or any one of the items listed below:
  - Copy of recorded Deed, or
  - Copy of recorded Land Contract
2. **Proof that you are current in your property taxes.**
  - Property tax payment receipt from the city or township,
  - Tax statement from the County Treasurer
3. **Proof of Income.** This could include the following:
  - Thirty days of pay stub,
  - Social Security or Pension Award Letters,
  - VA Award Letter, and
  - Most recent 2 years income tax filed with all W-2 & 1099 forms
  - Self Employed Forms – IRS Schedule C
4. **Proof of insurance on the home.**
5. Bids for the repair of or replacement of the well and well abandonment.



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**APPLICATION FOR WATER WELL SYSTEM**  
Only for Owner-Occupied, Single-dwelling Residential Property

Application Date: \_\_\_\_\_ County \_\_\_\_\_

Names of all household members	Social Security #	Birth date	Sex	*Race	Handicap Yes/No

(List other household members on separate sheet of paper)

Address: \_\_\_\_\_ Township: \_\_\_\_\_  
Street-Route-Box No., &/or P.O. Box #, City State Zip

How long have you lived there? \_\_\_\_\_ Year home was built: \_\_\_\_\_

No. Of Dependents (including yourself): \_\_\_\_\_ Telephone No.: \_\_\_\_\_

JOINT OWNERS: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Other Wage-earning Household Members: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Years Employed: \_\_\_\_\_

**DATA ON PROPERTY TO BE REHABILITATED:**

Original Mortgage or Land Contract Amount: \$ \_\_\_\_\_

Unpaid Balance: \$ \_\_\_\_\_

Name & Address of Lender: \_\_\_\_\_

FHA Insured: Yes \_\_\_\_\_ No \_\_\_\_\_

Name & Address of Insurance Carrier: \_\_\_\_\_

Present Market Value of House & Property (Estimate): \$ \_\_\_\_\_

State Equalized Valuation (Attach copy of Tax Billing): \$ \_\_\_\_\_

\*Minority group data is obtained for statistical purposes only. You are not required to disclose this information, but are encouraged to do so.



Phone (608)-238-3448 Toll Free 1 (888)-400-5974 Fax 1- (608)-238-2084



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**APPLICANT'S INFORMATION FOR CREDIT APPROVAL**

If answer is none, write "NONE" – fill in ALL blanks.

<b>1. Monthly Housing Expense</b>		<b>C. Monthly Income</b>	
1. House Payment	_____	1. Wages: Spouse	_____
2. Heat (Gas, Oil, Electric)	_____	Spouse and others	_____
3. Utilities (Electric, Gas)	_____	2. Unemployment Benefits	_____
4. Homeowner's Insurance	_____	3. Social Security	_____
5. Property Taxes	_____	4. Veterans Benefits	_____
6. Maintenance	_____	5. Pension Benefits	_____
		6. Disability Benefits	_____
<b>Total Monthly Expense</b>	_____	7. Income from Investments	_____
<b>Percentage of Total Income</b>	_____	8. Income from Property	_____
		9. Other income (Child Support, etc. )	_____
<b>2. Monthly Fixed Expense</b>		<b>Total Monthly Income</b>	_____
1. Income Taxes (Approximately 20 % of Gross)	_____	<b>Annual Gross Income</b>	_____
2. Other Property Payments Balance Due: _____	_____	<b>D. Other Assets</b>	
3. Other Property Taxes	_____	1. Cash Accounts	_____
4. Life Insurance	_____	2. US Savings Bonds	_____
5. Health Insurance	_____	3. Other Savings	_____
6. Car Loan Balance Due: _____	_____	4. Stock/Securities	_____
7. Notes Payable Balance Due: _____	_____	5. Real Estate Equity	_____
8. Charge Accounts Balance Due: _____	_____	6. Vehicles	_____
9. Other	_____	7. Other	_____
<b>Total Monthly Fixed Expenses</b>	_____	<b>Total Assets</b>	_____

Name & Address of your Bank \_\_\_\_\_  
 Previous Foreclosure Record: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If "Yes", give Property Address: \_\_\_\_\_  
 Name and Address of Lender: \_\_\_\_\_  
 Previously Bankruptcy Record: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If "Yes" give Date and Court Location: \_\_\_\_\_



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**DATA PRIVACY STATEMENT**  
**TO BE READ BEFORE SIGNING THE APPLICATION FORM**

All information you provide about you and your household is considered **private data**.

The information collected from you or from other agencies or individuals (authorized by you) is used to determine your eligibility for the water well program. As it is stated on the application, you are not **required** to provide information regarding your marital status or race. However, this information is vital to determine to what extent minorities use our programs or serve certain types of households. All other information on the form - including your Social Security Number - is required to determine your eligibility for participation in our program or required by the State or Federal agency funding your loan.

We will use your private data only when it is required for administration and management of the program. Persons or agencies with which this information may be shared include:

1. The local loan committee members who approve all applications.
2. Staff who are involved in program administration.
3. Auditors who perform required audits of our programs.
4. Authorized personnel from USDA Rural Utilities or State and Federal agencies providing funding assistance to your loan.
5. Those persons who you authorize to see it.
6. Law enforcement personnel in the case of suspected fraud.

The funding organization may have the right to receive the names, addresses and amount of assistance provided to homeowners under this program. However, they are not entitled to see private information about your income, your sources of income, or credit information.

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Please sign below:

To the best of my knowledge, the information on this application is accurate and true. I give my permission to this agency to verify my eligibility and share necessary private data with the local loan committee and those who need to know it or are required by Federal or State law to know it. I understand that I will be prosecuted for fraud and perjury if I knowingly provided false information.

I may appeal for a review of my application if assistance is denied.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Inspection Authorization**

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

For purposes of processing this application, authorization is given to Rural Housing, Inc. for inspections to identify necessary water well repair/replacement during regular business hours at the above listed address. Said inspections will be requested by Rural Housing, Inc. of the appropriate local inspector or others deemed necessary on our behalf. It is understood that, generally, the inspections performed are to determine the repairs necessary for the existing well and that they will be of a non-destructive, visual nature, though other inspections are hereby authorized.

It is understood that the repairs and the amount of money required for such repairs will be the basis for a loan application from Rural Housing, Inc. and that the inspection is in no way a guarantee that this application will be approved.

All information on this application, as well as documents furnished in support of this application, is given for the sole purpose of obtaining a 1% loan through Rural Housing, Inc. and that the contents of this application are true and complete to the best of our knowledge and belief. Supporting verification may be obtained from any source named herein.

**Penalty for False or Fraudulent Statement:** USC Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United State, knowingly and willfully falsifies ... or makes any false, fictitious statements or representations, or makes or used any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more that \$10,000 or imprisoned not more than five (5) years, or both."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PERSONS TO CONTACT FOR ADDITIONAL INFORMATION IF NECESSARY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_



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**AUTHORIZATION FOR RELEASE OF INFORMATION  
CREDIT REPORT AUTHORIZATION**

The undersigned authorize Rural Housing, Inc. for the Water Well System to contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the Water Well System program.

This includes the Social Security Administration (SSA), Immigration and Naturalization Service (INS), and the State of Wisconsin Department of Human Services (DHS), Medicaid Program and Food Assistance Program. RURAL HOUSING may use this Authorization and the information obtained with it to administer and enforce program rules and policies.

The undersigned certify that the information given to RURAL HOUSING on household members, income, net family assets, allowances, and deduction is accurate.

I understand that false statements or information are punishable by imprisonment for up to 10 years or by a fine of up to \$5,000 and grounds for termination of loan assistance under State and Federal law.

My signature below authorizes the release to the credit reporting agency a copy of my credit application, and authorizes the credit reporting agency to obtain information regarding my employment, saving accounts, and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc.) Authorization is further granted to the reporting agency to use a photo static reproduction of this authorization if necessary to obtain any information regarding the above-mentioned information, including authorization to obtain a standard factual data credit report through a credit reporting agency chosen by RURAL HOUSING.

Applicants hereby request a copy of the credit report obtained with any possible derogatory information be sent to the address of present residence and RURAL HOUSING and any credit reporting organization will be held harmless in so mailing the copy requested. Any reproduction of this credit report authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original.

Applicant Signature: \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Date \_\_\_\_\_

