



ENVIRONMENTAL SERVICES
320 Third Street NW • Faribault, MN 55021
(507) 332-6113 • Fax (507) 332-6277
www.co.rice.mn.us

Septic Loan Program Application

Attached is the application for the Rice County Septic Loan Program. The completed application along with the documentation listed below must be submitted in order to determine eligibility and that the project meets the criteria as outlined in the County Board's adopted policy. Costs incurred before the effective date of an approved loan agreement with the property owner will not be eligible for payment through the loan program.

Completed applications and required documentation should be submitted to:

Rice County Environmental Services
320 Third Street NW, Suite 9
Faribault, MN 55021

If you have any questions, please contact Rice County Environmental Services at 507-332-6113 or rcplanningzoning@co.rice.mn.us.

The following documentation must be included with the attached completed application:

- Verification of property ownership (include legal description).**
 - **Warranty Deed or Updated Abstract**

- Verification that mortgage payments are current.**

- Verification of income**
 - **Last 3 months of pay stubs,**
 - **Letter of benefit notice, and/or**
 - **If self-employed, copy of last 3 years of Federal income tax returns**

- Signed Authorization for Release of Information Form.**

- Application fee of \$200.**

Rice County
SEPTIC LOAN APPLICATION

APPLICANT INFORMATION:

Name of Applicant: <hr/>	Social Security #: <hr/>	Marital Status: (CHECK ONE) <input type="checkbox"/> Married, <input type="checkbox"/> Separated, or <input type="checkbox"/> Unmarried (includes widowed, divorced, or single)
Name of Co-Applicant: <hr/>	Co-applicant's Social Security #: <hr/>	

Applicant's Address: <hr/> <hr/>	Work Phone #: _____ Home Phone #: _____ Other Phone #: _____ Email: _____
Parcel Id. #: _____ How long have you owned the property? <hr/>	

This information is requested solely for the purpose of determining compliance with Federal Civil rights law and your response will not affect consideration of your application.

Gender of Applicant: <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity of Applicant (select only one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race of Applicant (select one or more): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Am.Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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Type of Housing: <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex (owner occupied)	Does any member of the household have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/>
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HOUSEHOLD & PROPERTY INFORMATION: Please answer all of the following questions.

1. How many people live permanently in your household? _____
2. List **all** household members, their monthly gross income and source of income including Social Security, wages, pensions, MFIP, child support, alimony, SSI, general assistance, self employment, and rental income.

<u>NAME</u>	<u>AGE</u>	<u>MONTHLY INCOME</u> (before taxes)	<u>SOURCE OF INCOME</u>
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____

3. Have you made all of your monthly payments (mortgage, rental, utilities, loans, credit cards, etc.) in a timely manner? Yes No If the answer is 'no', please explain:

4. Do you currently own the property and are you the fee title owner? Yes No
(Please note: if purchasing on a contract for deed you are not the fee title owner and will need the fee title owner to be a co-applicant.)

5. My/our current housing expense is:
\$ _____ Mortgage payment (including principal and interest)
\$ _____ Annual homeowner's insurance
\$ _____ Average monthly utilities

6. From the most recent property tax statement:
What is the Estimated Market Value of the property? _____

What are the annual property taxes? _____

Are the property tax payments current? Yes No

7. What year was your home built? _____

8. Name of agency you have homeowners insurance with? _____

CREDIT HISTORY

Please answer all questions. If the answer to any question is 'yes', please explain below.

1. Are there any outstanding financial judgements or liens against you? Yes No

2. Have you declared Bankruptcy within the last 36 months? Yes No

3. Have you lost any property through foreclosure or given title or deed to anyone to avoid foreclosure? Yes No

4. Are you a co-signer on any note or loan? Yes No

CERTIFICATION

I certify that by signing this application that the information stated above is true and correct to the best of my knowledge. I realize that giving false information will result in disqualifying me from receiving assistance. I further certify that I have read and understand the guidelines of the program for which I am applying for assistance.

Signature of Applicant

Date

Signature of Co-applicant

Date

Authorization for Release of Information

Septic Loan Program

Rice County Housing and Redevelopment Authority
320 Third Street N.W. ~ Faribault, MN 55021

CONSENT: I authorize and direct any Federal, State, or Local agency, organization, business, or individual to release to the Rice County Housing and Redevelopment Authority any information or materials needed to complete and verify my application for participation under the Septic and Well Sealing Loan program and/or other programs. I understand and agree that this authorization or the information obtained with its use may be given to and used in administering and enforcing program rules and policies.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Courts and Post Offices	State Unemployment Agencies	Retirement Systems
Utility Companies	Social Security Administration	Banks and other Financial Institutions
Law Enforcement Agencies	Medical and Child Care Providers	Credit Providers and Credit Bureaus
Support and Alimony Providers		

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for one year and one month from the date signed.

SIGNATURE	PRINTED NAME	DATE
Applicant:		
Co-Applicant:		
Additional Adult:		
Additional Adult		
Additional Adult:		