

Town of Scituate Rhode Island

BUILDING OFFICIAL ZONING OFFICIAL MINIMUM HOUSING

TOWN OF SCITUATE

P.O. BOX 328 NORTH SCITUATE, RI 02857

COMMUNITY SEPTIC SYSTEM LOAN PROGRAM (CSSLP) APPLICATION/LOAN CRITERIA **JUNE 2013**

REVISED June 22, 2018

- 1. Eligibility: Any property Owner of a 1 to 4 Family-unit residential building may apply for that property; no income limits.
- 2. The Loans are for repair of a failed On-Site Wastewater Treatment System (commonly known as "septic systems" and formerly called I.S.D.S.); all cesspools in any condition are considered failed.
 - The R.I. Department of Environmental Management (R.I.D.E.M.) Rules on O.W.T.S. defines "failed" systems generally, when they cease to "adequately treat and disperse wastewater so as to create a public or private nuisance or threat to public health or environmental quality".

Group homes or cluster/community systems are not eligible.

- 3. The maximum loan amount shall be \$40,000. The loans are for construction and design (when a licensed designer & soil testing are required by R.I. DEM).
 - -Design payments will be made upon R.I. D.E.M. approval.
 - -Construction payments will be made upon R.I. D.E.M. issuance of a Certificate of Conformance.
- 4. The maximum term of the loan shall be ten (10) years; there is no pre-payment penalty.
- 5. Applicant's total debt-to-income ratio shall not exceed 50% nor shall they be in any form of bankruptcy and shall be current in financial obligations to the Town of Scituate.
- 6. Applicants must submit at least 2 bids from R.I. D.E.M. licensed installers for construction.
- 7. Post-construction Applications: Any eligible property owner who received a Certificate of Conformance for repair of an eligible O.W.T.S., dated no later than January 1, 2013, may apply for a loan under this Program.

TELEPHONE: (401)-647-5901 • FAX: 647-7935

RECYCLED PAPER

RIHousing

Scituate Community Septic Loan Program

Offered by RIHousing in partnership with the Rhode Island Infrastructure Bank, the State Department of Environmental Management and the Town of Scituate.

The program goal is to safeguard public health, and protect and improve ground and surface water resources, by ensuring the proper functioning and maintenance of all septic systems in Scituate. The program makes low interest rate mortgages available to Scituate residents.

Loa	an Terms: 🔲 10 years		
PLE	EASE ATTACH THE FOLLOWING ITEMS TO YOUR APPLICATIO	N	
	a copy of 2 most recent pay stub(s) for each applicant		a copy of social security and/or pension award lette
	a copy of each applicant's most recent signed tax return, along with last two years of W-2s (Note: one tax		(or recent bank statement verifying receipt of social security and/or pension funds)
	return is acceptable in the case of joint returns)		If self-employed or commissioned, provide copies of
	a copy of the property deed with exhibit A		your completed federal tax returns from the last two years with all schedules attached
	a copy of most recent mortgage statement, real estate tax bill and homeowner's insurance		years with an schedules attached
		DD.	ACRASS REQUIREMENTS

LOAN TERMS

- Loan terms: 10 years
- 1% Fixed Rate
- Loan amounts to \$40,000
- No income restrictions

FEES

There is a \$300.00 loan origination fee to be paid to the borrower at closing

PROGRAM REQUIREMENTS

- All work must be completed by a Rhode Islandlicensed installer
- Must be current with all financial obligations with the Town of Scituate
- No current state or federal tax liens on the property
- Construction payments will be made upon DEM issuance of a Certificate of Conformance
- Design payments will be made upon DEM approval of design

CONTACT US

Call us today at 401-457-1127 with questions or complete and mail this application to:

RiHousing 44 Washington Street Providence, RI 02903-1721 Attn: Community Lending



44 Washington Street. Providence. RI 02903-1721 • 401-457-1127 • Fax 401-457-1137 • loans.rihousing.com

RIHousing

Community Septic System Loan Program

	woning		For Office Use O	nly: Date received	• • • • • • • • • • • • • • • • • • • •	mailed faxed
Please complete	and mail this application along with the items request	ed on page 2.	if you have any qu	iestions, please call us at 40	1-457-1127.	
Please tell us	about your borrowing needs: Desired amount \$		Purpose: Re	pair/Replace falled septic s	ystems	
APPLICANT			CO-APPLICAN	NT		
Applicant's Full N	lame		Co-Applicant's Na	me		
Social Security N	umber Date of Birth		Social Security Nu	umber	Date of Birth	
Home Address			Home Address	<u> </u>	<u> </u>	<u>/ </u>
City	State Zip		City		State	Zip
Phone Number W	ith Area Code		Phone Number Wi	ith Area Code		
Employer	/ Position		Employer		/ Position	
Employer Phone	Number Monthly Gross Income \$		Employer Phone N	<u> </u>		
				Monthly Gross Income		
	Married Separated Unmarried (Includes single, d	fivorced, (vidowed)	Marital Status:		Unmarried	includes single, divorced, vidowed)
	R PROPERTY sess of the property you will be using as security for this loa	in?	Please tell where mortgages, other	=BITS and to whom you currently ow installment loans and credit ca	ve money. Be sur	e to include all
Is this your prima	ry residence? Yes No		Creditor		Balance	Monthly Payment
Home Type	Single Family: Style		d-195-4	· · · · · · · · · · · · · · · · · · ·	\$	\$
	2-4 Family 0ther		1st Mortgage			_
Year Purchased Original Purchase Price \$			2nd Mortgage/Eq	uity Line	\$	\$
	Property Value \$ Year Built	'	·····		\$	\$:
Annual Real Estat	te Tax Bill \$ Assessed Value \$		Auto Loan(s)			
	nsurance Premium \$		Other Debt Including Credit Card(s)			
	e Principal and Interest Payment \$			• "	s	\$
List all owner's fu	ıll names		Alimony/Child Sup	pport/Separate Maintenance		
If you are receiving	CE(S) OF INCOME YOU WANT US TO CONSIDE 19 pension or rental income include 2 years signed tax reture 19 repaying this loan. Alimony, Child Support, or Separate Mai	rns. Alimony. C	Child Support, or Se	parate Maintenance need not	be revealed if you	do not choose to have
APPLICANT	Source Amount \$	TROMERICO TOSO	CO-APPLICANT	Source	·	mount \$
	Source Amount \$			Source		mount \$
INFORMATION	N FOR GOVERNMENT MONITORING PURPOSE	S				
fo so. The law provides	on is requested by the federal government in order to monitor compilance wit des that a funder or servicer may not discriminate either on the basis is more than one designation. If you do not furnish ethnicity, race, or sex, the fi ou do not wish to furnish the information, please check the box belox	ender or servicer is	n, or on whether you c	chaosa ta furnish it. If you furnish the	information please on	open book wipindte died ablyr
APPLICANT	I do not wish to furnish this information		CO-APPLICANT	l do not wish to furnish this in	nformation	
Ethnicity:	Hispanic or Latino Not Hispanic or Latino		Ethnicity: Hispanic or Latino Not Hispanic or Latino			
Race:	American Indian or Alaska Native Asian White Black or African American Mative Hawailan or Other Paci	fic Islander	Race: American Indian or Alaska Native Asian White Black or African American Native Hawaiian or Other Pacific Islander			
Sex:	Female Male		Sex:	Female Male		
Certification: Ever questions about your	ything that I/we have stated in this application is true and complet credit experience with me/us.	te to the best of m	ny/our knowledge. You	r are authorized to check my/our c	redit and employme	ent history and to answer
Applicant Signature	e Date	<u> </u>	Co-Applicant Sign	ature		Date
						W 44.4

44 Washington Street, Providence, RI 02903-1721 • 401-457-1127 • Fax 401-457-1137 • www.rihousing.com Rev. 021518a

