



Town of Scituate

Rhode Island

TOWN OF SCITUATE

COMMUNITY SEPTIC SYSTEM LOAN PROGRAM (CSSLP)
APPLICATION/LOAN CRITERIA
JUNE 2013
REVISED June 22, 2018

BUILDING OFFICIAL
ZONING OFFICIAL
MINIMUM HOUSING

P.O. BOX 328
NORTH SCITUATE, RI 02857

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.

Loan Terms: 10 years

PLEASE ATTACH THE FOLLOWING ITEMS TO YOUR APPLICATION

- a copy of 2 most recent pay stub(s) for each applicant
- a copy of each applicant's most recent signed tax return, along with last two years of W-2s (*Note: one tax return is acceptable in the case of joint returns*)
- a copy of the property deed with exhibit A
- a copy of most recent mortgage statement, real estate tax bill and homeowner's insurance
- a copy of social security and/or pension award letters (*or recent bank statement verifying receipt of social security and/or pension funds*)
- If self-employed or commissioned, provide copies of your completed federal tax returns from the last two years with all schedules attached

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 Island-licensed 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



For Office Use Only: Date received _____ mailed faxed

Please complete and mail this application along with the items requested on page 2. If you have any questions, please call us at 401-457-1127.

Please tell us about your borrowing needs: Desired amount \$ _____ Purpose: Repair/Replace failed septic systems

APPLICANT		CO-APPLICANT	
Applicant's Full Name		Co-Applicant's Name	
Social Security Number [][]-[][]-[][][][]	Date of Birth [][]/[][]/[][][][]	Social Security Number [][]-[][]-[][][][]	Date of Birth [][]/[][]/[][][][]
Home Address		Home Address	
City State Zip		City State Zip	
Phone Number With Area Code [][]-[][]-[][][][]		Phone Number With Area Code [][]-[][]-[][][][]	
Employer / Position		Employer / Position	
Employer Phone Number [][]-[][]-[][][][]		Employer Phone Number [][]-[][]-[][][][]	
Years There _____ Monthly Gross Income \$ _____		Years There _____ Monthly Gross Income \$ _____	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced, widowed)		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced, widowed)	

ABOUT YOUR PROPERTY

What is the address of the property you will be using as security for this loan?

Is this your primary residence? Yes No

Home Type Single Family: Style _____
 2-4 Family Other _____

Year Purchased _____ Original Purchase Price \$ _____

Your Estimate of Property Value \$ _____ Year Built _____

Annual Real Estate Tax Bill \$ _____ Assessed Value \$ _____

Annual Property Insurance Premium \$ _____

Monthly Mortgage Principal and Interest Payment \$ _____

List all owner's full names _____

CURRENT DEBTS

Please tell where and to whom you currently owe money. Be sure to include all mortgages, other installment loans and credit cards.

Creditor	Balance	Monthly Payment
1st Mortgage	\$ _____	\$ _____
2nd Mortgage/Equity Line	\$ _____	\$ _____
Auto Loan(s)	\$ _____	\$ _____
Other Debt Including Credit Card(s)	\$ _____	\$ _____
Alimony/Child Support/Separate Maintenance	\$ _____	\$ _____

OTHER SOURCE(S) OF INCOME YOU WANT US TO CONSIDER

If you are receiving pension or rental income include 2 years signed tax returns. Alimony, Child Support, or Separate Maintenance need not be revealed if you do not choose to have it considered for repaying this loan. Alimony, Child Support, or Separate Maintenance received under: Court Order Separation Agreement (include a copy of the agreement)

APPLICANT	CO-APPLICANT
Source _____ Amount \$ _____	Source _____ Amount \$ _____
Source _____ Amount \$ _____	Source _____ Amount \$ _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan or grant in person. If you do not wish to furnish the information, please check the box below.

APPLICANT	CO-APPLICANT
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

Certification: Everything that I/we have stated in this application is true and complete to the best of my/our knowledge. You are authorized to check my/our credit and employment history and to answer questions about your credit experience with me/us.

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____

