

Golden Triangle RC&D Household Water Well Program

Water
is life.
Protect
Yours.



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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audiotape, American Sign Language) should contact the responsible Mission Area, agency, or staff office; the USDA TARGET Center at (202) 720-2600 (voice and TTY); or the Federal Relay Service at (800) 877-8339

Applicant Name: _____

Date: _____

Upon approval, the Golden Triangle RC&D will pay your contractor for well work once the work is completed.

Applicant:

*Note: If you normally deposit all of your income and use your checking account to pay your bills, you do not need to attach items # 1 & 2. Instead, mail us a copy of 3 of your most recent bank statements.

- 1. Copy of Drivers License
- 2. Latest 3 copies of all sources of income
- 3. Latest 3 copies of household expenses
- 4. Copy of Deed of Trust or Certificate of Title
- 5. Verification of Employment:

Employer: _____

Address: _____

Phone: _____

Salary/hourly wage: _____

Hours worked weekly: _____

Length of employment: _____

6. Copy of last year's tax return: _____

7. 2 Bid Request _____

8. Verification of Health Department Inspection _____

Co-Applicant/Co-signer:

- 1. Copy of Drivers License
- 2. Latest 3 copies of all sources of income
- 3. Latest 3 copies of household expenses.
- 4. Verification of Employment:

Employer: _____

Address: _____

Phone: _____

Salary/hourly wage: _____

Hours worked weekly: _____

Length of employment: _____

5. Copy of last year's tax return: _____

LOAN APPLICATIONS CANNOT BE PROCESSED WITHOUT ALL OF THE ABOVE INFORMATION



Golden Triangle RC&D Council
Household Water Well Loan Application

Mail Application to:
Golden Triangle RC&D
4344 Albany Highway
Dawson, GA 39842
Phone: (229) 995-2027

*This well loan cannot be associated with the construction of a new home (refer to program flyer for eligibility criteria).

Date _____

County _____ Community/Area Name _____

Name _____ Phone Number _____

E-mail _____

Address _____

Amount of loan request \$ _____

Monthly payment request by Borrower \$ _____

Do you currently own and live in the home where the well work will be completed?

___ Yes ___ No

Type of home where the well work will be completed:

___ Stick built ___ Modular Home ___ Mobile home

Are there any liens currently against your property?

___ Yes ___ No

A copy of the Deed of Trust must be submitted with application for Stick built or Modular home (for verification of property ownership).

A Certificate of Title must be submitted with application for Mobile homes (for verification of property ownership).

Upon approval, the Golden Triangle RC&D will pay your contractor for well work once the work is completed and inspected/approved by the local health department.

HOUSEHOLD INFORMATION

(Complete the following section for all members of the household)

Name (List Head of Household First)	Social Security Number	Relationship to Applicant	Age ¹	M/F ¹	Race ¹	Disabled

Other Household Characteristics (Enter the Number of Persons in Household)

Have Health Insurance	
Are Veterans	
Are Disabled	
EX-TANF	
Date last received TANF	
Receiving Food Stamps/EBT	
Full Time Farmers	
Seasonal Farmers	

*TANF = Temporary Assistance for Needy Families

¹ This information is for administrative purposes only and is not used to determine whether or not you will be granted assistance. All information is completely confidential.

The applicant certifies that the above information is correct and accurate as of the date of the application. If there are changes within the household or benefits increase/decrease or cease the applicant will notify Golden Triangle RC&D of the change as soon as possible.

Applicant Signature _____

HOUSEHOLD INCOME

Source (Name & Address)	Applicant	Co-Applicant	Other(s)
Wages, Salaries, Tips, Business Income			
SSI			
Social Security			
VA Benefits			
Other Disability Income			
AFDC/TANF			
Child Support, Alimony			
Pension			
Rental Income			
Food Stamps			
Other (Specify)			
Total All Sources			

*Income Sources: Include place of employment, rent received, TANF (AFDC), SS, SSI, unemployment benefits, retirement benefits, etc. Use the following space below to list additional income sources for individuals above.

Additional income sources: _____

Total Monthly Household Income _____

The applicant certifies that the above information is correct and accurate as of the date of the application. If there are changes within the household or benefits increase/decrease or cease the applicant will notify Golden Triangle RC&D of the change as soon as possible.

Applicant Signature _____

HOUSEHOLD EXPENSES (list monthly amount for each item)

A- Basic Expenses	Amount
1. Mortgage	
2. Rent/Lot	
3. Electric	
4. Gas	
5. Water	
6. Fuel/Oil	
7. Wood/Coal	
8. Kerosene	
9. Telephone	
10. Cable/TV Satellite	
11. Groceries	
12. Laundry	
13. Child Care	
14. Meals Work/School	
15. Clothing	
16. Prescriptions	
17. Gas Work/School	

Total _____

B- Other Loans	Amount
1. Car Payment	
2. Credit Cards	
3. Bank Loans	
4. Misc. Other	

Total _____

C. Miscellaneous	Amount
1. Car Insurance	
2. Health Insurance	
3. Life Insurance	
4. Homeowner Insurance	
5. Real Estate Taxes	
6. Property Taxes	
7. Home Repairs/Upkeep	
8. Child Support	
9. Alimony	
10. Misc. Other	

Total _____

Total Monthly Income \$ _____

Total Monthly Expenses (Columns A, B, and C) \$ _____

Subtract Total Monthly Income from Total Monthly Expenses \$ _____ or \$ _____
Over *Short

* If your monthly expenses are more than your monthly income, you will need someone to co-sign on this loan.

Co-Applicant/Co-Signer Information:

Name _____ Phone Number _____

E-mail _____

Address _____

SS# _____

Employer _____

Phone _____

Address _____

CHECK ALL THAT APPLY:

Housing Rights:

- Own
- Rent
- Life Estate
- Heir Property

Project Type:

- Emergency
- Construct
- Refurbish
- Services (Decontaminate or re-drill well)

Sewerage Facility:

- Privy /Outhouse
- Inside Toilet
- Cesspool
- Septic System
- Other

Source of Water:

- Outside Only Other
- Piped Inside
- Well
- Haul
- Cistern

CURRENT WATER PROBLEMS (Check applicable items):

- Broken Pump Leaky Pipes Lead Piping
- Contaminated Water Well Dry No Access to Water
- System Not Working Properly No Hot Water Heater Low Water Pressure
- Other

List Contractors Supplying Estimates: Number of Estimates Provided: _____

Contractor

Federal I.D or Social Security Number

Contractor

Federal I.D. or Social Security Number

SIGNATURE PAGE

It is a criminal offense under the Code of the United States to make willful false statements or misrepresentation of any information provided in the completion of this application.

I have reviewed the information recorded, and attest that to the best of my knowledge, nothing requested has been omitted or misrepresented on this application.

CERTIFICATION AND CONFIDENTIALITY

My signature below grants permission to the Golden Triangle RC&D Council or it's designated agent to verify any or all information contained herein with respect to this application for assistance. I understand the information in this application is strictly confidential, and is provided solely for the purpose of determining my eligibility under this program. No information contained herein will be released to any other local, state, or federal agency without my expressed written consent, except as it may pertain to my receipt of the funding sources made available through this application.

I authorize you to make whatever credit inquiries you consider necessary concerning the statements made in this loan application. I agree that the application shall remain your property whether or not the loan is granted. I also agree that you may give information regarding my experience with you to credit bureaus and other proper persons. Under penalties of perjury, I certify that I have provided my correct Social Security/Taxpayer Identification Number.

Signature of Applicant

Date

Signature of Co-Applicant

Date

This material is based upon work supported under a grant by the Rural Development Utilities Programs, United States Department of Agriculture.

Golden Triangle RC&D Area Council Inc. is an equal opportunity provider and employer

CERTIFICATION

The undersigned applicant(s) hereby certifies to the best of his/her knowledge that the information provided in this application is correct. The applicant(s) is the owner and occupant of the property, for which he/she is applying for a well loan. The property is located at:

_____.

The undersigned further understands that the Golden Triangle Resource Conservation and Development Council will pay the requested loan amount to the contractor and the undersigned is responsible for any balance due the contractor assigned to the well project on the property described above.

In consideration for any loan proceeds paid on behalf of the applicant, the undersigned hereby releases and agrees to indemnify and hold harmless the Golden Triangle RC&D Council and its authorized representatives and the referring agency and its authorized representatives from any and all liability in connection with the performance of the repairs and/or improvements.

The undersigned agrees to provide the Golden Triangle RC&D, access to the property at a reasonable time for the purpose of inspecting the work and conducting follow-up visits if desired or necessary.

RELEASE FORM

The routine release of information concerning applicants is covered under the Privacy Act of 1974. From time to time, the Golden Triangle RC&D may use the services of other agencies to assist the applicant.

___ I, the undersigned, do give ___ I, the undersigned, do not give

The Golden Triangle Resource Conservation and Development Council (Golden Triangle RC&D) or its designee and the referring agency, its staff, or authorized representative's permission to release information contained in my file to help provide the services.

Applicant(s) _____ Date _____

Co-Applicant _____ Date _____

Outreach Worker _____ Date _____

Referring Agency/County _____

Household Water Well
BID FORM #1

Date: _____

Name of Contractor/Company: _____

Contractor/Company Address:

Telephone # _____

Fax # _____ E-mail: _____

Federal ID # _____ or Social Security # _____

Customer's Name: _____

Customer's Address: _____

Description of Work:

Price per foot \$ _____ or Amount for Job \$ _____

Date Bid Expires _____

Warranty (guarantee) on work, will cover a _____ (circle one) period
of time (month) (year)

(Written warranty required upon completion of work)

Contractor's Signature _____ Date _____

(Authorized Representative)

Household Water Well
BID FORM #2

Date: _____

Name of Contractor/Company: _____

Contractor/Company Address:

Telephone # _____

Fax # _____ E-mail: _____

Federal ID # _____ or Social Security # _____

Customer's Name: _____

Customer's Address: _____

Description of Work:

Price per foot \$ _____ or Amount for Job \$ _____

Date Bid Expires _____

Warranty (guarantee) on work, will cover a _____ (circle one) period
of time (month) (year)

(Written warranty required upon completion of work)

Contractor's Signature _____ Date _____

(Authorized Representative)

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, however, 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 ethnicity, race and sex based on visual observation or surname.

If you do not wish to furnish the following information, please check the box below.

I do not wish to furnish this information

Applicant Ethnicity:

- Not Hispanic or Latino
- Hispanic or Latino

Race

- White
- Hispanic or Latino
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- 2 or more races

Sex

- Male Female Non-Binary

Co – Applicant Ethnicity:

- Not Hispanic or Latino
- Hispanic or Latino

Race

- White
- Hispanic or Latino
- Black or African American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- 2 or more races

Sex

- Male Female Non-Binary

The Decentralized Water and Wastewater program referred to as the Household Water Well 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. Golden Triangle RC&D Area Council Inc. and USDA are an equal opportunity provider, employer and lender.