

LIVING BETTER TOMORROW, INC.



Dear Applicant:

Thank you for your interest in a Rural Decentralized Water System Grant Program Loan. Enclosed is an application for you to complete. USDA Rural Utilities provide funds for LBT to operate the Rural Decentralized Water System Grant program. Their regulation requires that we verify the eligibility of all new applicants requesting assistance. Please call with any questions you may have about how the process works, and feel free to bring a family member with you who can be of assistance.

The loan program is as follows:

- ❖ 1% interest rate
- ❖ Maximum loan amount is \$15,000
- ❖ Recording fee of \$30.00 is required at time of closing
- ❖ Payable over a maximum of 20-year period
- ❖ 10% Match is required (source of match dollars can come from DHHS, County Housing Commission, etc.)

Please return along with your application and quotes from 2 separate licensed and insured contractors, the following documents:

1. Proof of Property Ownership. – A legal description of the property should be included.
 - Copy of Original Recorded Deed
 - Copy of Original 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. – Include all that pertains to your situation.
 - Pay stubs for last 30 days
 - ADC Eligibility Letter
 - Most recent 2 years income tax filed with all W-2 & 1099 forms
 - Social Security or Pension Award Letters
 - VA Award Letter
 - Self Employed Forms – IRS Schedule C
4. Proof of insurance on the home. – Including the declaration pages.
5. Credit Report for *each* adult household member. You will need to pull your credit report from the free website, www.annualcreditreport.com. Choose one of the reporting bureaus, print off and bring with your application.



This institution is an equal opportunity provider, employer and lender.



APPLICATION FOR RURAL DECENTRALIZED WATER SYSTEM GRANT PROGRAM

Only for Owner-Occupied, Single-dwelling Residential Property

Application Date: _____ App.# _____ County _____

Names of all household members	Social Security #	Birthdate	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 house was built: _____

No. Of Dependents (including yourself): _____ Telephone No.: _____

JOINT OWNERS: _____

Are you related to any of the housing member or staff? _____

If so, explain: _____

Occupation: _____ Employer: _____

Employer's Address: _____ Years Employed: _____

Other Wager-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 encourage to do so.



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APPLICANT'S INFORMATION FOR CREDIT APPROVAL

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

A. MONTHLY HOUSING EXPENSE

- 1 House Payment _____
- 2 Heat (Gas, Oil, Electric) _____
- 3 Utilities (Electric, Gas) _____
- 4 Homeowners's Insurance _____
- 5 Property Taxes _____
- 6 Maintenance _____

Total Monthly Expense _____

Percentage of Total Income _____

B. MONTHLY FIXED EXPENSE

- 1 Income Taxes _____
(Approx. 20% of gross)
- 2 Other Property Payments _____
Balance Due: _____
- 3 Other Property Taxes _____
- 4 Life Insurance _____
- 5 Health Insurance _____
- 6 Car Loan _____
Balance Due: _____
- 7 Notes Payable _____
Balance Due: _____
- 8 Charge Accounts _____
Balance Due: _____
- 9 Other _____

Total Monthly Fixed Expenses _____

C. MONTHLY INCOME

- 1 Wages: Husband _____
Wife _____
- 2 Unemployment Benefits _____
- 3 ACD/FIP _____
- 4 Social Security _____
- 5 Veteran's Benefits _____
- 6 Pension Benefits _____
- 7 Disability Benefits _____
- 8 Income from Investment _____
- 9 Income from Property _____
- 10 Other Income _____
(Child Support, etc.)

Total Monthly Income _____

Annual Gross Income _____

D. CURRENT ASSETS

- 1 Cash Accounts _____
- 2 U.S. Savings Bonds _____
- 3 Other Savings _____
- 4 Stock/Securities _____
- 5 Real Estate Equity _____
- 6 Vehicles _____
- 7 Other _____

Total Current Assets _____

Name & Address of Bank of Deposit: _____

Previous Foreclosure Record: Yes _____ No _____

If "Yes", give Property Address: _____

Name & Address of Lender: _____

Previous Bankruptcy Record: Yes _____ No _____

If "Yes", give Date & Court Location: _____

NEAREST RELATIVE NOT LIVING WITH YOU:

Name: _____ RELATION: _____

ADDRESS: _____ PHONE: _____



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LIVING BETTER TOMORROW, INC.

PO Box 631

West Branch, MI 48661

(989) 345-5390

Email: lafischer49@gmail.com

Fax: (989) 343-1071

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 the USDA Rural Utilities or other 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.

Under Michigan's Freedom of Information Act, individuals or organizations 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.

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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AUTHORIZATION FOR RELEASE OF INFORMATION CREDIT REPORT AUTHORIZATION

The undersigned authorize Living Better Tomorrow Inc. for the Rural Decentralized Water System Grant (DWSG) 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 System program.

This includes the Social Security Administration (SSA), Immigration and Naturalization Service (INS), and the State of Michigan Department of Health & Human Services (DHHS), Medicaid Program and Food Assistance Program. 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 LBT 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 LBT.

Applicants hereby request a copy of the credit report obtained with any possible derogatory information be sent to the address of present residence, and LBT and any credit reporting organization 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 _____



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