



Town of Scituate

Rhode Island

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TOWN ENGINEER

TOWN OF SCITUATE

P.O. BOX 328
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COMMUNITY SEPTIC SYSTEM LOAN PROGRAM (CSSLP)
APPLICATION/LOAN CRITERIA
JUNE 2013
REVISED APRIL 3, 2015

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 401-647-7935

RECYCLED PAPER



Rhode Island Housing
working together to bring you home.

Scituate Community Septic Loan Program

Offered by Rhode Island Housing in partnership with the Rhode Island Clean Water Finance Agency, 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 and property owners.

Loan Terms

- 2% Fixed Rate
- Loan amounts to \$40,000
- Loan terms to 10 years
- No income restrictions

Program Requirements

- All work must be completed by a licensed installer
- Must be current with all financial obligations with the Town of Scituate
- No current state or federal tax liens on the property
- Certificate of Conformance required prior to disbursement; Loan amounts can include design and construction

No Fees

There are no application, title, credit report, appraisal fees or points to pay.

Contact Us

Call us today at **401-457-1119** with questions or complete and mail this application to:

Rhode Island Housing
44 Washington Street
Providence, RI 02903-1721
Attn: Community Lending

Please attach the following items to your application:

- a copy of 2 most recent pay stub(s) for each Applicant.
- a copy of most recent signed tax return, along with last two years W-2's.
- a copy of the property deed with exhibit A *
- a copy of most recent mortgage statement, real estate tax bill and homeowner's insurance

*Exhibit A would be the property description; if your current Deed does not contain one, a previous Deed should be included.





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Scituate Community Septic Loan Program

For Office Use Only: Date received _____ mailed faxed

Please complete and mail this application along with the items requested on back. If you have any questions, please call us at 401-457-1119.

Please tell us about your borrowing needs: Desired amount \$ _____ 10 years Purpose: Repair/replace failed septic systems in Scituate, RI

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 _____

