

**TOWN OF GLOCESTER
COMMUNITY SEPTIC
LOAN PROGRAM**

Please attach the following items to your application:

- A copy of your most recent signed tax return, along with W-2s from last 2 years
- A copy of 2 of the most recent pay stubs for each applicant
- A copy of the warranty or property deed

Please complete and mail this application along with the items requested above. If you have any questions, or would like to apply by telephone please call **1-888-744-4770**. RI Housing and Mortgage Finance Corp. will give you an answer fast.

Please tell us about your borrowing needs: **Purpose:** Repair or Replace Failed Septic System in the Town of Gloucester

Desired Amount \$ _____ Term: Years (up to 10)

Applicant

Please tell us about yourself:

Full Name _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Telephone _____ Social Security Number _____

Employer _____ Position _____

Years There _____ Employer Phone No. _____ Monthly Gross Income (before taxes) _____

Marital Status: Married Separated Unmarried
(Includes single, divorced, widowed)

Please tell us 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 2-4 Family Condo Other _____

Year Purchased: _____ Original Purchase Price \$ _____

Current Estimate of Property Value \$ _____

Annual R.E. Tax Bill: \$ _____ Assessed Value \$ _____

Annual Property Insurance Premium \$ _____

Monthly Mortgage Principal and Interest Payment \$ _____

List Full Names of all Other Joint Owners:

Please List Other Sources of Income You Want Us To Consider: If you are receiving a pension or rental income, include 2 years of signed tax returns. Alimony, Child Support, or Separate Maintenance need not be revealed if you do not choose to have it considered for repayment of this loan. Alimony, Child Support, or Separate Maintenance received under Court Order Separation Agreement. Include a copy of the agreement.

Applicant Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

Co-Applicant Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

Please Read and Sign

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 _____

EQUAL HOUSING OPPORTUNITY LENDER

Co-Applicant Signature _____ Date _____

RHODE ISLAND HOUSING AND MORTGAGE FINANCE CORPORATION

Applicant Current Debts: Please tell us where and to whom you currently owe money. Be sure to include all mortgages, other loans and credit cards. For each debt over \$500, please tell us if you plan on paying it off and source of funds.

Creditor	Balance	Monthly Payment	Paying off Debt
	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
1 st Mortgage	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 nd Mortgage/Equity Line	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Loan(s)	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Debt Including Credit Card(s)	\$ _____		
Alimony/Child Support/Separate Maintenance	_____		

Co-Applicant

Please tell us about yourself:

Full Name _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Telephone _____ Social Security Number _____

Employer _____ Position _____

Years There _____ Employer Phone No. _____ Monthly Gross Income (before taxes) _____

Marital Status: Married Separated Unmarried (Includes single, divorced, widowed)