

# **LIVING BETTER TOMORROW, INC.**

PO Box 631

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Fax: (989) 343-1071

Dear Applicant:

You recently requested an application for a Water Well System loan. I am now enclosing a copy for you to complete. USDA Rural Utilities provide funds for LBT to operate the Water Well System program. Their regulation requires that we verify the eligibility of all the people that receive assistance. During our interview, any questions you may have about how the process works will be answered at that time. Feel free to bring a family member with you who can be of assistance.

The loan program is as follows:

- ❖ 1% interest rate
- ❖ Payable over a maximum of 20-year period
- ❖ Maximum loan amount is \$11,000
- ❖ 10% Match is required (source of match dollars can come from DHS, County Housing Commission, etc.)
- ❖ Recording fee of \$30.00 is required at time of closing of loan

Please bring the following documents with you to our meeting.

1. **Proof of Property Ownership.** A legal description of the property should be included. This may include a copy of an original or any one of the items listed below:
  - Copy of recorded Deed, or
  - Copy of 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.** This could include the following:
  - Thirty days of pay stub,
  - Social Security or Pension Award Letters,
  - ADC Eligibility Letter,
  - VA Award Letter, and
  - Most recent 2 years income tax filed with all W-2 & 1099 forms
  - Self Employed Forms – IRS Schedule C



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4. **Proof of insurance on the home.**
5. **Credit Report from adult household members** – you will need to pull your credit report from a free website at [www.annualcreditreport.com](http://www.annualcreditreport.com). Choose one of the reporting bureau, print off and bring with your application.

If you have all of the required information listed above, please **contact us** at one of the above telephone numbers and **schedule and appointment.**



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**APPLICATION FOR WATER WELL SYSTEM**  
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:



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**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.

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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 Household Water Well System (HWWS) 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 Well System program.

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