

Water Infrastructure

FINANCING PROGRAMS

VERMONT WASTEWATER AND POTABLE WATER REVOLVING LOAN FUND

On-site Loan Program

PRE-QUALIFICATION APPLICATION

APPLICANT INFORMATION

Applicant

Co-Applicant

Address

Address

City

City

State

Zip

State

Zip

Home Phone

Home Phone

Alternate Phone

Alternate Phone

E-mail Address

E-mail Address

PROJECT INFORMATION

If you answer "YES" to any question other than question #2, please attach the requested documents to this form.

1. Do you own this home? If yes, please provide a copy of the homeowners deed. ☐ Y ☐ N
2. Is this a single-family home on an individual lot? ☐ Y ☐ N
3. Do you reside in this residence on a year-round basis? If yes, please attach a copy of the VT Homestead Declaration. ☐ Y ☐ N
4. Has the wastewater system or potable water supply serving the single family residence failed? If yes, please provide a letter from the Drinking Water and Groundwater Protection Division, Regional Office Program confirming the system has failed. ☐ Y ☐ N
5. Have you been refused a loan for this project from at least one lending source? If yes, please attach a copy of the Notice of Adverse Action from the lender. ☐ Y ☐ N
6. Has the wastewater and/or potable water supply permit been issued? If yes, please attach a copy of the permit or approval letter issued by the Drinking Water and Groundwater Protection Division, Regional Office Program. ☐ Y ☐ N
7. Enter the total estimated cost of your project. Please provide the actual costs for permitting and design of the system and a minimum of quotes from at least 2 contractors for the installation of the system.

INCOME INFORMATION

In the table below, please provide the **MONTHLY gross income for your household**. Gross income is the combined income, before taxes and other deductions, of everyone in the household over age 17 (regardless of whether or not they will be on the mortgage and/or deed) and includes job earnings, benefit payments, support payments, and income from assets.

If you are **Self-employed**, please calculate your monthly Net Income (after deducting business expenses) based on the last 12 months.

MONTHLY INCOME (by type)	APPLICANT Monthly Amount	CO-APPLICANT Monthly Amount	FAMILY MEMBERS Monthly Amount
Wages/Salary			
Alimony/Child Support			
Self-Employment Income			
Retirement Income			
Public Assistance			
Other Income			
TOTAL			
TOTAL ANNUAL INCOME			

APPLICANT(S) SIGNATURE AND ACKNOWLEDGEMENTS

The applicant(s) hereby certify in fulfillment of 24 V.S.A. §4763b(4)(B) to secure all state and federal permits, licenses and approvals necessary to construct the improvements to be financed by the loan. I, We understand that knowingly making any false statements concerning this project will result in a rejection of the loan.

Applicant's
Signature

Co-Applicant's
Signature

Date

Print Name

Date

Print Name

TO COMPLETE APPLICATION:

1. Make sure all information is complete and print application.
2. Sign and date application.
3. Mail application and any additional documents to:

Department of Environmental Conservation, Facilities Engineering Division, 1 National Life Drive - Main 1, Montpelier, VT 05620-3510

QUESTIONS?

Contact Bryan Redmond at (802) 585-4900
or bryan.redmond@state.vt.us

FOR DEPARTMENT USE ONLY

Date Received

Amount Requested

Received By

☐ Denied

☐ Approved

Comments

Date Approved/Denied

Total Amount Approved

Reviewer

Reviewer

