



**SOUTH CENTRAL OZARK COMMUNITY IMPROVEMENT CORP.**  
**PO BOX 100, 4407 CR 2340, POMONA, MO 65789**  
**PHONE: 417-256-4226 / FAX: 417-256-6188**



Dear Applicant:

You recently requested an application for a Household Water Well System loan from our Corporation. I am now enclosing a copy for you to complete. We are required to verify the eligibility of all the people who receive assistance through this program. In addition, this program is only for *owner-occupied, single-dwelling residential property* that does *not* have access to a *public water source*.

The loan program is as follow:

- 4% interest rate
- Payable over a maximum of 20-year period (Could be shorter based on repayment ability)
- Maximum loan amount is **\$15,000**, which includes all application processing costs/fees **plus** well drilling costs.
- Loan applicants must pay a minimum of \$250 up front. (Must accompany completed application documents. **NO** personal checks allowed.)

These funds will be used for loan application processing costs. These costs include, but are not limited to, Credit Check, Property Title Search, and Uniform Commercial Code Lien Search. Upon loan approval, the remaining funds will be applied toward the total loan/project costs. Should your loan be denied, you will be given a refund minus any loan application processing costs up to that point.

- Loan applicants must provide at least three quotes from three separate well drillers.
- Monthly payments must be received to our office via ACH transaction (debit authorization from your financial institution)
- The property in which the household water well is to be drilled must:
  - be located in Douglas, Howell, Oregon, Ozark, Shannon, Texas or Wright county.
  - be or will become the borrower(s) permanent residence for a minimum of five years following the loan closing. (No speculative or rental property allowed.)

Additional information that must be gathered to determine eligibility for this assistance. I have included an application that must be completed in entirety.

Please send back to our office the following documents as exhibits to your application.

1. **Proof of property ownership:**

(A legal description of the property should be included.)

This should be evidenced by a copy of an original:

- a. Copy of recorded Deed (**to be used as collateral on the loan**)
- \*Standard loan security requirements apply\***

2. **Proof of current property taxes:**

- a. Property tax payment receipt from the city or township,
- b. Tax statement from the County Treasurer

3. **Proof of household income of less than \$65,000:**

This could include the following:

- a. Most recent 30 days of pay stubs,
- b. Social Security or Pension Award Letters,
- c. VA Award Letter

**AND**

- d. Most recent 2 years income tax filed with **all** W-2 & 1099 forms
- e. Self Employed Forms – IRS Schedule C

4. **Proof of insurance on the home:**

- a. Insurance is not required (but highly encouraged) to be carried, with the South Central Ozark Community Improvement Corporation (SCOCIC) listed as loss payee, for the entirety of the loan.

5. **Three (3) estimates** (from 3 separate well drillers) for the repair of or the replacement of the well and well abandonment.

Sincerely,

*Darci Malam*

Darci Malam, Water Well Project Manager  
South Central Ozark Community Improvement Co.  
PO BOX 100, Pomona, MO 65789

Phone: 417-256-4226

Fax: 417-256-6188

Email: [dmalam@scocog.org](mailto:dmalam@scocog.org)



**Applicant Information for the Water Well System Loan Program:**

Application Date: \_\_\_\_\_ County: \_\_\_\_\_

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. Homeowner's Insurance \_\_\_\_\_
- 5. Property Taxes \_\_\_\_\_
- 6. Maintenance \_\_\_\_\_

**Total Monthly Expense** \_\_\_\_\_  
**Percentage of Total Income** \_\_\_\_\_

**B. Monthly Fixed Expense**

- 1. Income Taxes \_\_\_\_\_  
 (Approximately 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: Yourself \_\_\_\_\_
- 2. Wages: Spouse & Others \_\_\_\_\_
- 3. Unemployment Benefits \_\_\_\_\_
- 4. Social Security \_\_\_\_\_
- 5. Veterans Benefits \_\_\_\_\_
- 6. Pension Benefits \_\_\_\_\_
- 7. Disability Benefits \_\_\_\_\_
- 8. Income from Investments \_\_\_\_\_
- 9. Income from Property \_\_\_\_\_
- 10. Other Income (Child Support, etc.) \_\_\_\_\_

**Total Monthly Income** \_\_\_\_\_

**Annual Gross Income** \_\_\_\_\_

**D. Other Assets**

- 1. Cash Accounts \_\_\_\_\_
- 2. US Savings Bonds \_\_\_\_\_
- 3. Other Savings \_\_\_\_\_
- 4. Stock Securities \_\_\_\_\_
- 5. Real Estate Equity \_\_\_\_\_
- 6. Vehicles \_\_\_\_\_
- 7. Other \_\_\_\_\_

**Total Assets** \_\_\_\_\_

**Name & Address of your Bank:** \_\_\_\_\_

**Previous Foreclosure Record:** YES \_\_\_\_\_ NO \_\_\_\_\_

**If "YES", give Property Address:** \_\_\_\_\_

**Name & Address of Lender:** \_\_\_\_\_

**Previous Bankruptcy Record:** YES \_\_\_\_\_ NO \_\_\_\_\_

**If "Yes", give Date and Court Location:** \_\_\_\_\_



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Names of all household members	Social Security #	Birth Date	Sex	*Race	*Ethnicity	Handicap Yes / No

*(List other household members on separate sheet of paper)*

\*Please indicate the following: **Race:** Hispanic or Non-Hispanic. **Ethnicity:** Alaskan White, Asian, Black/African American, Native American, Native Hawaiian, Not Applicable, Other, Other Pacific Islander, or White.

\*Minority group data is obtained for statistical purposes only. You are not required to disclose this information, but are encouraged to do so.

**APPLICANT INFORMATION:**

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
Street-Route-Box No., &/or PO Box #                      City                      State                      Zip

**How long have you lived here:** \_\_\_\_\_ **Year Home was built:** \_\_\_\_\_

**No. of Dependents (including yourself):** \_\_\_\_\_ **Cell No:** \_\_\_\_\_

**Home No:** \_\_\_\_\_ **Work No:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_ **Years Employed:** \_\_\_\_\_

**CO-APPLICANT INFORMATION:**

**Co-Applicant Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Other Wage-earning Household Members:** \_\_\_\_\_

**No. of Dependents (including yourself):** \_\_\_\_\_ **Cell No:** \_\_\_\_\_

**Home No:** \_\_\_\_\_ **Work No:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_ **Years Employed:** \_\_\_\_\_

**DATA ON PROPERTY TO BE REHABILITATED:**

**Original Mortgage 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):** \$ \_\_\_\_\_

**Please list all vehicles or other personal assets in which you own personally below:**

*(If additional space is needed, list other assets on a separate sheet of paper.)*

**1. Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Value:** \_\_\_\_\_

**2. Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Value:** \_\_\_\_\_

**3. Other:** \_\_\_\_\_



**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**CREDIT REPORT AUTHORIZATION**

The undersigned authorize SCOCIC, for the Water Well System Program, to do the following: obtain a credit report, contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to the processing of this loan application and eligibility, level of benefits, or continued participation in the Water Well System Program.

This included the Social Security Administration (SSA), Immigration and Naturalization Service (INS), and the State of Missouri Department of Health and Human Services (DHS), Medicaid Program and Food Assistance Program. SCOCIC 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 SCOCIC 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 SCOCIC.

Applicants hereby request a copy of the credit report obtained with any possible derogatory information be sent to the address of present residence and SCOCIC and any credit reporting organization will be held 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's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**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 of 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 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.

The funding organization may 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:** \_\_\_\_\_



**INSPECTION AUTHORIZATION**

**APPLICANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

For purposes of processing this application, authorization is given to SCOCIC for inspections to identify necessary water well repair/replacement during regular business hours at the above listed address. Said inspections will be requested by SCOCIC of the appropriate local inspector or others deemed necessary on our behalf. It is understood that, generally, the inspections performed are to determine the repairs necessary for the existing well and that they will be of a non-destructive, visual nature, though other inspections are hereby authorized.

It is understood that the repairs and the amount of money required for such repairs will be the basis for a loan application from SCOCIC and that the inspection is in no way a guarantee that this application will be approved.

All information on this application, as well as documents furnished in support of this application, is given for the sole purpose of obtaining a 1% loan through SCOCIC and that the contents of this application are true and complete to the best of our knowledge and belief. Supporting verification may be obtained from any source named herein.

**Penalty for False or Fraudulent Statement:** USC Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies... or makes any false, fictitious statements or representations, or makes or used any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both"

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please list the name, address, phone number and relationship of two (2) personal and/or professional references not living with you below:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_