

# NARRAGANSETT COMMUNITY SEPTIC LOAN PROGRAM PRE-APPLICATION

**Please attach the following items to your pre-application**

- A copy of RIDEM notice of violation or intent to enforce or field inspection report.
- A copy of RIDEM / OWTS permit (if already received).
- A copy of the mortgage deed or warranty deed

**Please complete and return this application to the Narragansett Department of Community Development along with the items requested above:**

**Applicant Information:**

\_\_\_\_\_  
Full Name Date of Birth

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Employer Position

\_\_\_\_\_  
Years There Employer Telephone No. Monthly Gross Income (before taxes)

**Co-Applicant Information:**

\_\_\_\_\_  
Full Name Date of Birth

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Employer Position

\_\_\_\_\_  
Years There Employer Telephone No. Monthly Gross Income (before taxes)

Please tell us about your Property: What is the address of the property you will be using as security for this loan?

\_\_\_\_\_

**Property Information:**

- 1) Primary Residence:  Yes  No
- 2) Type:  **1 Family**  **2 Family**
- 3) Outstanding Taxes:  Yes  No (current quarterly balance does not apply)  
If yes – Amount: \$ \_\_\_\_\_
- 4) Is your current septic system failed:  Yes  No  
If yes, how was this determined? \_\_\_\_\_  
If yes – Has RIDEM issued a Notice of Violation:  Yes  No  
or Intent to Enforce:  Yes  No
- 5) Do you have a cesspool:  Yes  No  
If yes – Have RIDEM issued a Notice of Violation:  Yes  No  
or Intent to Enforce:  Yes  No
- 6) Purpose of Loan:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7) Estimated Cost of Construction / Repair: \$ \_\_\_\_\_
- 8) Amount Requested: \$ \_\_\_\_\_
- 9) Source of funds to pay the difference between #7 and #8 above: \_\_\_\_\_  
\_\_\_\_\_
- 10) Have you received a permit to proceed with repair/replacement work:  Yes  No
- 11) Have you received RIDEM approval for the design and installation of the new or repaired system?  Yes  No
- 12) Have you applied for supplemental funds through any federally funded programs (e.g. HUD Funding for owners meeting low and moderate income limits)  Yes  No
- 13) Do you have homeowners insurance:  Yes  No  
If so list company and policy number below:  
\_\_\_\_\_  
Insurance Company Policy #
- 14) Name of contractor, if known: \_\_\_\_\_  
Liability Insurance Provider: \_\_\_\_\_  
Insurance Policy #: \_\_\_\_\_

**Please Read and Sign**

Certification: Everything that stated in this application is true and complete to the best of my/our knowledge.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant Signature**

\_\_\_\_\_  
**Date**