



# ENERGY-EFFICIENCY LOAN APPLICATION



P.O. Box 172  
Clarion, IA 50525  
Ph: 515-532-6477  
E-mail: homeward@mchsi.com

## TYPE OF LOAN (CHECK ONE)

Energy-Efficiency Loan     Geothermal Tax Credit Loan     Well and Septic Loan

## APPLICANT INFORMATION

Name: \_\_\_\_\_  
Social Security#: \_\_\_\_\_  
Co-Borrower's Name \_\_\_\_\_  
Social Security# \_\_\_\_\_

Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
E-Mail address: \_\_\_\_\_

Family Size: \_\_\_\_\_ Annual Income\*: \_\_\_\_\_

## EMPLOYMENT AND INCOME INFORMATION

Applicant's Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Employer's Phone: \_\_\_\_\_  
How Long Employed: \_\_\_\_\_

Co-Borrower's Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Employer's Phone: \_\_\_\_\_  
How Long Employed: \_\_\_\_\_

## MORTGAGE INFORMATION

Name and Address of  
First Mortgage Holder: \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

Amount of loan requested from Homeward, Inc.: \_\_\_\_\_

Term of loan desired (select one):

Energy Efficiency Loan  
 \$3,000 - 3 years - 3%  
 \$4,000 - 5 years - 4%  
 \$7,000 - 5 years - 4%  
 10 year loan - 5%

Geothermal Tax Credit Loan  
 \$7,000 - 3%

Well and Septic Loan  
 \$7,000 - 5 years - 4%  
 \$7,000 - 10 years - 5%

\*Please include a copy of your latest tax return.

**AGREEMENT & WAIVER OF CONFIDENTIALITY**

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I/we present this application truly and correctly stated to the best of my/our knowledge and for the purpose of obtaining an energy-efficiency, geothermal heat pump, or well and septic loan.

My/our signatures authorize Homeward, Inc. to investigate credit references, employment status, statements or other data obtained from me/us; and to access loan application form (s) submitted to the primary lending institution involved. A photocopy, or exact reproduction, of this agreement and waiver, as duly executed, shall have the same force and effect as this original.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Borrower's signature: \_\_\_\_\_

Co-Borrower's signature: \_\_\_\_\_

Complete this form and return to: Homeward, Inc.  
P.O. Box 172  
Clarion, IA 50525

**APPLICATION CHECKLIST**

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Please answer or provide the following:

\_\_\_ **TAX RETURN STATEMENT**  
Include a copy of your latest tax return.

\_\_\_ **HOMEOWNER'S INSURANCE COMPANY**  
Name and Address of Homeowner's  
Insurance Company: \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_ **ELECTRIC COOPERATIVE MEMBERSHIP**  
Name of your electric cooperative: \_\_\_\_\_

\_\_\_ **PAYMENT INFORMATION**  
If Homeward, Inc. requires that the monthly payment be paid directly from the borrower's account, indicate what time of the month you prefer to have the funds automatically withdrawn.  
\_\_\_\_\_7<sup>th</sup> of the month                      \_\_\_\_\_21<sup>st</sup> of the month

\_\_\_ **ADDRESS OF IMPROVEMENTS**  
Physical address of property where the improvements are being made:  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_ **CONSTRUCTION DETAILS**  
Is this new construction? \_\_\_YES \_\_\_NO

\_\_\_ **LEGAL DESCRIPTION OF PROPERTY**  
Include a complete and accurate legal description from a mortgage, deed, or survey.

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**Homeward, Inc. does not discriminate on the basis of race, color, national origin, religion, age, sex, disability, familial status or sexual orientation. We do business in accordance with the Federal Fair Housing Law.**