

South Carolina Office of Rural Health

107 Saluda Pointe Drive Lexington, SC 29072
803-454-3850

RURAL HEALTH REVOLVING LOAN PROGRAM APPLICATION

Date: _____

Name of Facility or Business: _____

Physical and Mailing Address of Facility or Business: _____

Telephone: _____ Fax: _____ Email: _____

Contact Person and Title: _____

Name and Title of Owners and/or Officers: _____

Organization Structurer i.e. Non-Profit, S-Corp, etc.: _____

Is there any pending or threatened legal action against organization? Yes: _____ No: _____

Tax ID/Social Security Number: _____

Male: _____ African American: _____ Asian: _____ Native Hawaiian: _____
Female: _____ American Indian: _____ White: _____ Hispanic: _____

I do not want to furnish this information: _____ *refer to page three

Type of Loan and Amount Requested:

	<u>Amount of Loan Requested</u>
<input type="checkbox"/> New Construction	_____
<input type="checkbox"/> Renovation	_____
<input type="checkbox"/> Equipment Purchase*	_____

Total Amount Requested _____

Please provide a brief description of loan purpose. Include a description of the project addressing the following items: specifics of the project to be undertaken (construction, renovation, equipment to be purchased etc.), new services to be offered, number and types of jobs created and this project's impact on access to health care.

Please attach the following items in addition to any other document which may be of help when considering your application:

Prior three (3) years Income and Expense Statements and Balance Sheets

Statement of loan's anticipated impact on level of service, new capacity for service, or economic advantage to community

Detailed budget showing breakdown of loan funds including official estimates of equipment purchases/renovation projects

Blueprint or detailed drawing of proposed project, if applicable

Statement of current indebtedness (monthly payment schedule)

Current corporate/personal tax returns

Current medical Licensure will be verified for all loans made to providers and provider owned practices

Disclosure

The authority to consider the loan application and to decide whether or not to make a loan, either in the full amount requested or in some reduced amount, and the authority to condition such loans upon certain stipulations, conditions or undertakings by the Borrower rests solely with the Loan Approval Committee. The Loan Approval Committee reserves the right to reject any application or to decline to make any loan at its sole discretion. The program guidelines promulgated by the Loan Committee or in any way obligating the Loan Approval Committee and Center are intended to be general in nature and to assist applicants in the submissions of applications for loans from the Loan Fund but compliance with these general guidelines does not assure that a loan will be approved by the Loan Approval Committee or in any way obligate the Loan Approval Committee to approve an application or to make a loan from the Loan Fund.

***Government Monitoring**

This information is requested by the Federal Government for certain types of loans, in order to monitor the lender's compliance with equal credit opportunity. You are not required to furnish this information, but are encouraged to do so. The law requires that a lender may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose to furnish it, under Federal regulations, this lender is required to note race/ethnicity on the basis of visual observation or surname.

Acknowledgement and Agreement

The applicant acknowledges and agrees that (1) the loan requested by application will be secured by a security interest in the Collateral described herein; (2) that any property to be pledged as Collateral has not and will not be used for any illegal or prohibited purpose and is not subject to any claim, lawsuit, lien, encumbrance or cloud on title, environmental condition or contamination or imminent threat of condemnation that would diminish its value as Collateral; (3) all statements made in this application are made for the purpose of obtaining the loan indicated herein; (4) verification or reverification of any information contained in the application may be made at any time by the South Carolina Office of Rural Health, its agents, successors and assigns, either directly or through a credit reporting agency, from any source named in this application, and the original copy of this application will be retained by the South Carolina Office of Rural Health, even if the loan is not approved; and (5) the South Carolina Office of Rural Health, its agents, successors, and assigns will rely on the information contained in the application and Borrower shall have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which have been represented herein should change prior to closing.

Certification

Borrower certifies that the information provided in this application is true and correct as of the date on this application and acknowledges that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the

provisions of federal and state law and liability for monetary damages or any loss the South Carolina Office of Rural Health, its agents, successors and assigns, insurers, and any other person who may suffer due to reliance upon any misrepresentation which has been made on this application.

Notice of Waiver of Appraisal Rights

South Carolina Code Ann § 29-3-680 provides that except in any real estate foreclosure proceeding relating to a dwelling place, or to a consumer credit transaction, a defendant against whom a personal judgment may be taken on a real estate secured transaction may waive the appraisal rights provided by Section 29-3-680, and the right to an order of appraisal, if the debtors, makers, borrowers, and/or guarantors are notified in writing before the transaction that a waiver of appraisal rights will be required.

The undersigned hereby acknowledge that the borrower, guarantors and any other party liable for a loan to be made by the **SOUTH CAROLINA OFFICE OF RURAL HEALTH** (lender) to _____ (borrower) will be required to execute a waiver of appraisal rights at closing. The waiver of appraisal rights shall contain the following language:

The laws of South Carolina provide that in any real estate foreclosure proceeding, a defendant against whom a personal judgment is taken or asked may within thirty days after the sale of the mortgaged property apply to the court for an order of appraisal. The statutory appraisal value as approved by the court would be substituted for the high bid and may decrease the amount of any deficiency owing in connection with the transaction. **THE UNDERSIGNED HEREBY WAIVE AND RELINQUISH THE STATUTORY APPRAISAL RIGHTS WHICH MEANS THE HIGH BID AT THE JUDICIAL FORECLOSURE SALE WILL BE APPLIED TO THE DEBT REGARDLESS OF ANY APPRAISED VALUE OF THE MORTGAGED PROPERTY.**

Signature of Borrower

Name and Title: _____

Date: _____

SOUTH CAROLINA RURAL HEALTH REVOLVING LOAN PROGRAM

Return to:

South Carolina Office of Rural Health 107 Saluda Pointe Drive Lexington, SC 29072

Attn: Mark Griffin, Director - Loan Programs

Phone: 803-454-3850

Fax : 803-454-3860

E-mail : markg@scorh.net

South Carolina Rural Health Revolving Loan Program is a SC Office of Rural Health program designed to assist rural practices in obtaining affordable loans to be used for construction, renovation, and purchasing equipment. It is administered by the South Carolina Office of Rural Health and receives support from The Robert Wood Johnson Foundation.

In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave., SW, Washington, D. C. 20250-9410 or call (202) 720-5964.

USDA is an equal opportunity employer.