

## CHECKLIST FOR ERC LOAN

Please complete the following to avoid delays in processing your loan application.

### Credit Application

1. Complete each item and sign at the bottom.
2. Include homeowner's insurance company and agent's name.
3. Provide us a copy of your deed. We need the full description of the property and book and page number that the property is recorded in at the courthouse.

### Please Return

1. **Completed application**
2. **A copy of your property deed**
3. **All contractor estimates for the work to be completed.**

### List of Approved Contractors

You may find preferred contractors in your area in the Yellow Pages, or the South Carolina Association of Heating and Air Conditioning Contractors (SCAHACC) at **1-800-395-WARM (9276)** or at [www.schvac.org](http://www.schvac.org).

Should you have questions, please contact Jeff Singletary at (843) 292-4349.

**Please Remember:** When you return the completed credit application to us, you should know the contractor you want to use, what work they will do, and how much you are requesting from the Cooperative.



### CREDIT APPLICATION FOR ERC LOAN

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
FIRST MIDDLE LAST

MAILING ADDRESS \_\_\_\_\_ PROPERTY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ SC \_\_\_\_\_ HOME PHONE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ PDEC ACCOUNT # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ SC \_\_\_\_\_

MONTHLY GROSS INCOME \$ \_\_\_\_\_ OTHER INCOME SOURCE (OPTIONAL) \_\_\_\_\_

HOME MORTGAGE \_\_\_ YES \_\_\_ NO IF YES, POLICY # \_\_\_\_\_

NAME OF MORTGAGE HOLDER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SECOND MORTGAGE \_\_\_ YES \_\_\_ NO

HOMEOWNER'S INSURANCE COMPANY \_\_\_\_\_

AGENT'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IF YOU WISH TO RELY ON ANOTHER PERSON'S INCOME FOR REPAYMENT OF THIS LOAN, OR IF THE "OTHER" INCOME SOURCE ABOVE IS DERIVED FROM THIS PERSON AS ALIMONY, CHILD SUPPORT OR MAINTENANCE, PLEASE PROVIDE INFORMATION REGARDING THAT OTHER PERSON:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ MONTHLY GROSS INCOME \$ \_\_\_\_\_

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

LOAN AMOUNT SOUGHT \$ \_\_\_\_\_ CONTRACTOR NAME \_\_\_\_\_

**THE ABOVE INFORMATION IS CORRECT AND GIVEN FOR THE PURPOSE OF OBTAINING CREDIT. PEE DEE ELECTRIC COOPERATIVE IS AUTHORIZED TO VERIFY THIS INFORMATION AND TO OBTAIN ADDITIONAL INFORMATION IN REVIEWING THIS CREDIT REQUEST.**

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_