WCHD WINNEBAGO COUNTY HEALTH DEPARTMENT
401 Division Street   Phone: (815) 720-4100
P.O. Box 4009   Email: environmental@wchd.org
Rockford, IL 61110
www.wchd.org

FHA/VA LOAN INSPECTION APPLICATION – Fee: $205.00

INSTRUCTIONS: Return the Loan Application and Fee of $205.00 to the above address.
Please provide a copy of the property's real estate listing sheet, if available.

NOTE: A Winnebago County Health Department inspector will enter property ONLY when accompanied by the owner or owner's authorized agent. Septic tank must be made accessible for inspection prior to the appointment date.

PROPERTY TO BE INSPECTED

ADDRESS: _____

CITY: _____   STATE: _____   ZIP: _____

PROPERTY CODE NUMBER: _____   PIN: _____ - _____ - _____

SUBDIVISION NAME:_____   LOT NUMBER: _____

CURRENT OWNER'S NAME: _____

Is the property served by Public Sewer?   Yes ___   No ___   Is the property served by Public water?   Yes ___   No ___

PERSON TO PROVIDE ACCESS TO PROPERTY

NAME: _____

DAYTIME (CELL) PHONE: (_____)_____-_____   HOME PHONE: (_____)_____-_____

PERSON TO PROVIDE ACCESS: Home Owner ___   Realtor ___   Other ___

INSPECTION LETTER AND RESULTS WILL BE RETURNED TO:

NAME: _____

COMPANY NAME (if applicable): _____

BUSINESS PHONE: (_____)_____-_____   HOME/CELL PHONE: (_____)_____-_____

RETURN METHOD (select only one):

___ E-mail   E-mail Address: _____

___ USPS   Mailing Address: _____

_____

Name: _____   Signature: _____
              Print Name   Signature

By typing your name in the signature box above, you are electronically signing this document.

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<u>Lead in Drinking Water Test - $45.00</u>

INSTRUCTIONS: Complete and return this form along with your Loan Inspection Application and payment to the address shown above. (Please note: the FHA/VA Loan Inspection fee of $205.00 already includes the $45.00 lead water testing fee, however this form must still be completed.)

Applicant's Agreement:

I agree not to turn on or flush water at the property for a minimum of six (6) hours prior to sample collection. I understand that flushing or other use of water will invalidate this lead test.

_____   _____ _____ _____
Property Address   City   State   ZIP

_____   _____
Applicant Name (print)   Applicant Signature

By typing your name in the signature box above, you are electronically signing this document.