



Employment Information

Applicant:

Co-Applicant:

Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/>	Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/>
Employer Name:	Employer Name:
Employer Address Street: _____ City: _____ State Zip: _____	Employer Address Street: _____ City: _____ State Zip: _____
Position:	Position:
Length of Service:	Length of Service:

Gross* Monthly and Yearly Income * *Gross income is income before taxes are deducted*

Sources of Income	APPLICANT		CO-APPLICANT		Total Monthly	Total Yearly
	Monthly	Yearly	Monthly	Yearly		
Payroll Gross Pay						
Part-Time						
Seasonal Work						
Pension or Social Security Benefits						
Veterans Benefits						
Unemployment Compensation						
Alimony						
Rent / Occupants						
Rental Properties						
Child Support						
TOTAL						

**Please include verification of any listed income with your application. Verification includes copies of the following (as applicable): Social Security Benefit/Award Letter, past year W-2s and federal tax return, or pay stubs.

**You must include income verification for all individuals CURRENTLY living/staying in the home. Attach additional sheets for each additional occupant.



Estimated Expenses (for occupants of property)

Description	Monthly Costs
Mortgage Payment ***	
Insurance Payments	
Credit Cards	
Groceries	
Car Payments	
Electricity	
Water	
Gas	
Telephones	
Medical Expenses	
Home Maintenance	
Real Estate Taxes	
Child Care	
Other	
Total	

***** Include a copy of your last mortgage payment statement with this application**



If you have unusual medical expenses listed above, and/or if someone in your household is handicapped, disabled, or severely ill, please explain:

Your Available Cash and Assets

Financial Resources	Institution where Assets are held	APPLICANT	CO-APPLICANT	TOTALS
Checking Accounts				
Savings Accounts				
Stocks, Bonds, etc.				
Other Assets				
TOTAL				

Describe why you need our help

Tell us why you are asking for assistance from WWT. Describe your household’s existing water problem, potential cause of problem, and how this cause was determined. If you have no source of safe drinking water, please state that.

Have you or anyone else taken any actions to correct this problem? What did you try? What was the outcome?



Do you own this property?

How much will it cost to repair or replace your well or to construct a new well? What amount are you requesting from WWT?

To get this information, you will need to contact 2 – 3 water well contractors in your area. The contractors will come to your site to assess what is needed and will give you an estimate for the work to be completed. It is your decision as to which contractor you will use.

You need to **provide a copy of the price quotes/estimates with not to exceed limits from the water well professionals and/or water quality treatment professionals** with this application. The quotes/estimates must provide a description of all work that is needed to fix the problem or situation and all specs for all materials to be used or installed. Quotes should not include any maintenance agreements or extra repair parts.

Additional information required from the water well/water quality professionals includes: warranty for work to be completed, certificate of insurance, and certification or license number.

Have the water well professional provide an estimated start and completion date for the work being proposed.

How much funding are you requesting from WWT? _____

Additional Requirements

Provide a copy of a valid permit for a well if it is required by your county for this project. Your water well contractor can help you with this. If you need to get a permit for a well, you may need to go to your local health department and apply there. There is usually a fee for this. Take a copy of your income with you and the fee may be waived. Getting a permit usually takes several weeks, so do this as soon as you can.

Please use the space below to offer any additional information you wish the Water Well Trust to know as your application is considered. You can add additional pages if needed.



My signature below grants permission to the Water Well Trust, or it's designated agent, to verify any or all information contained herein with respect to this application for assistance. I authorize you to make whatever credit inquiries you consider necessary concerning the statements made in this application.

The information obtained from these forms will be used only to qualify an applicant for WWT assistance.

I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct and complete:

Print Name

Signature

Date

Print Name

Other Signature (if any)

Date

**** Applications must be complete and received by September 30, 2017 ****
