



Water Well Trust
 P.O. Box 2399
 Davidson NC 28036
 202-625-4383

INTRODUCTION

The Water Well Trust (WWT) is a nonprofit organization funded by private and public dollars. We have limited funds available for low-interest loans to eligible individual households in need of a new well or rehabilitation of an existing well. Priority is given to households where health risks are imminent, to those with minorities, elderly, children, or disabled persons, including disabled veterans.

To be eligible for WWT assistance, you must meet the following eligibility criteria (all must be met):

- Own your home and property
- Applicant must be the occupant(s) of the property
- Home must be applicant's primary residence
- No reliable source of water to home with no option to hook up to public water utility
- Gross annual household income must not exceed 100% of the median non-metropolitan household income for the state; \$52,100 (before taxes) for AR

WWT limits funding to a maximum of \$11,000 per household with an interest rate of 1% and repayment terms of up to 20 years. Payments are due each month. Different factors determine the payment amount. These factors will be discussed with you prior to signing a contract. **You are under no obligation until you sign an agreement with us**, and you may take it to any attorney for review before signing if you wish.

THE APPLICATION PROCESS

To apply, mail the completed application and copies of required documents to WWT at the address at the top of this form. Once received, we will review your application, tell you if you qualify, and what to do next. **** YOU WILL BE NOTIFIED WHEN YOUR SIGNED AGREEMENT AND PROMISSORY NOTE ARE RECEIVED BY OUR OFFICE, AND WHEN TO PROCEED WITH DRILLING OR REPAIR WORK. ****

1. **Application form** – complete and submit by program deadline; call us for date
2. **Deed for the land** – with plat if available
3. **Most recently paid real estate tax bill** for the property
4. **Evidence of monthly household income** – for all household members, excluding minors
 examples: last year's W-2, pay stubs for one month, monthly Social Security or SSI check
5. **Last year's tax return(s)** – for all household members, excluding minors
6. **Most recent payment statement** – if you have a mortgage

If you have questions or need help completing this application, contact Margaret Martens at 202-625-4383 or info@waterwelltrust.org.

*** Applications deadline September 30, 2019 or until funds are exhausted ***

OFFICIAL USE ONLY
Control #

Date Submitted: _____

Name _____ County _____

Street Address _____ City _____ State _____ Zip Code _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone _____ Cell _____ Email _____

HOUSEHOLD INCOME (include applicant and all individuals living in the home - add sheets if needed)

Name	Age	Date of Birth	Social Security #	Monthly Income

**** Include verification of income for all individuals CURRENTLY living/staying in the home.**
 Verification includes copies of the following (as applicable): Social Security Benefit/Award Letter, past year W-2s and federal tax return, or pay stubs.

EMPLOYMENT INFORMATION

Applicant	Co-Applicant
Employer Name:	Employer Name:
Street: _____ City: _____ State ____ Zip: _____	Street: _____ City: _____ State ____ Zip: _____
Position:	Position:
Length of Service:	Length of Service:

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				

Why do you need our assistance? Describe your existing water problem, potential cause, and how this cause was determined. What action have you taken to correct this problem? What was the outcome? If you have no source of safe drinking water, please tell us.

How much will it cost to repair or replace your well or to construct a new well?

You will need to contact 2 – 3 water well contractors in your area for estimates. 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 estimates from the water well professionals with this application. The estimates must provide:

- Expected/Estimated cost: (e.g. cost per foot drilled)
- Description of all work
- 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 done
- Certificate of insurance
- Certification or license number
- Start and completion dates

ADDITIONAL REQUIREMENTS

Provide a copy of a valid permit for a well if it is required by your county. Your water well contractor can help you with this, or you may need to go to your local health department and pay the associated fee. Take proof of 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 information you wish the Water Well Trust to know as your application is considered. You can add additional pages if needed. Please explain unusual medical expenses and if anyone in household is handicapped, disabled, or severely ill.

Where did you hear about Water Well Trust? _____

How much funding are you requesting from WWT? _____

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