#### WWT APPLICATION



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

#### **INTRODUCTION**

The Water Well Trust (WWT) is a nonprofit organization with limited funds available for low-interest loans to eligible households in need of a new well or repair of an existing well. WWT limits funding to a maximum of \$11,000 per eligible household with an interest rate of 1% and repayment terms of up to 20 years. Payments are due each month.

To be eligible for a loan, you must meet all following eligibility criteria:

- Deed or mortgage for home and property in applicant's name
- Applicant must be the occupant(s) of the property
- Home must be applicant's primary residence
- No reliable source of water to home and no option to connect to a public water utility
- Gross annual household income must not exceed 100% of the median non-metropolitan household income for the state: Check your state income levels here

### **APPLICATION PROCESS**

Mail your completed application and *copies* of required documents to the address above.

- 1. Application form complete and submit
- 2. Deed for the land with plat if available
- 3. Property Tax Receipt most recently paid real estate tax bill for the property
- 4. Most recent payment statement if you have a mortgage
- 5. <u>Proof of income</u> for all earning household members over 18 examples: last year's W-2, pay stubs for one month, Social Security or SSI award letter
- 6. Last year's tax return(s) for all earning household members over 18

\*\*BLOCK OUT SOCIAL SECURITY AND ACCOUNT NUMBERS ON COPIES MAILED IN\*\*

You are under no obligation to WWT simply by applying. Once approved, a contract will be mailed to you for your review and signature. You may take the agreement to an attorney for review before signing if you prefer. \*YOU WILL BE NOTIFIED BY OUR OFFICE WHEN TO PROCEED WITH DRILLING OR REPAIR WORK\*

If you have questions or need help completing this application, contact Margaret Martens at 202-625-4383 or <a href="mailto:info@waterwelltrust.org">info@waterwelltrust.org</a>.





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| Date Submitted: _   |                              |                  |                         |                    |  |
|---------------------|------------------------------|------------------|-------------------------|--------------------|--|
|                     | AI                           | PPLICATION I     | INFORMATION             |                    |  |
| Name:               |                              |                  | County                  |                    |  |
| Street Address:     |                              |                  | City                    | ZipCode            |  |
| Mailing Address: _  |                              |                  | City                    | ZipCode            |  |
| Phone               | Cellular                     |                  | Email                   |                    |  |
|                     | HOUSEHOLD INCOM              | 1E - ALL INDI    | VIDUALS IN THE HOME     | OVER 18            |  |
|                     | Name                         | Age              | Date of Birth           | Monthly Income     |  |
|                     |                              |                  |                         |                    |  |
|                     |                              |                  |                         |                    |  |
|                     |                              |                  |                         |                    |  |
|                     |                              |                  |                         |                    |  |
|                     |                              |                  |                         |                    |  |
|                     |                              |                  |                         |                    |  |
|                     |                              |                  |                         |                    |  |
|                     | EN                           | <b>IPLOYMENT</b> | INFORMATION             |                    |  |
| Applicant Employer: |                              |                  | Co- Applicant Employer: | :                  |  |
| Address:            |                              |                  | Address:                | Address:           |  |
| Position:           |                              |                  | Position:               | Position:          |  |
| Length of Service:  |                              |                  | Length of Service:      | Length of Service: |  |
| \                   | 1                            |                  |                         |                    |  |
| where did you he    | ear about Water Well Trust?  |                  |                         | <del></del>        |  |
| How much fundir     | ng are you requesting from \ | WWT?             |                         |                    |  |

| WHY DO YOU NEED OUR ASSISTANCE?  |  |  |  |  |  |
|--|--|--|--|--|--|
| Do you currently have a well? Yes $\square$ No $\square$ Do you currently have a septic system? Yes $\square$ No $\square$   |  |  |  |  |  |
| Do you have a privy or outhouse? Yes $\square$ No $\square$ Do you have a working bathroom? Yes $\square$ No $\square$   |  |  |  |  |  |
| Do you have hot and cold water at your kitchen sink? Yes $\square$ No $\square$  |  |  |  |  |  |
| Have you contacted a well contractor to discuss the repair or install? Yes $\Box$ No $\Box$  |  |  |  |  |  |
| Where do you get your drinking water from?   |  |  |  |  |  |
| 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 <u>no</u> source of safe drinking water, please tell us. You may use the back of this page if you need more space. |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## INFORMATION YOU WILL NEED TO COLLECT

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
- Estimated start and end date for work

**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.** 

# **ADDITIONAL INFORMATION**

| Please use the space below to offer any information you wish to considered. You can add additional pages if needed. Please in household is handicapped, disabled, or severely ill. |  |
|--|--|
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|  |  |
| My signature below grants permission to the Wat  | or Wall Trust or it's designated agent to verify   |
| any or all information contained herein with respect to the  |  |
| make whatever credit inquiries you consider necessa application.   | •  |
| The information obtained from these forms will b assistance.   | e used <u>only</u> to qualify an applicant for WWT |
| I declare that to the best of my knowledge and be other information is true, correct and complete:   | elief this statement of assets, liabilities, and   |
| Print Name   |  |
| Signature Applicant  | Date   |
| Print Name Co-Applicant  | _  |
|  | <br>Date   |