



WWT APPLICATION

Water Well Trust

P.O. Box 2399

Davidson NC 28036

202-625-4383

The Water Well Trust (WWT) is a nonprofit organization that provides financing 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
- Reside in a permanent structure with plumbing for a year or more; no new construction
- Gross annual household income must not exceed 100% of the median non-metropolitan household income for Alabama is \$55,100 and Arkansas is \$54,100

APPLICATION PROCESS

Mail your completed application and copies of required documents to the address above. WWT must receive your ORIGINAL, signed application.

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. Proof of income – for all earning household members over 18
examples: pay stubs for one-month, Social Security or SSI award letter
6. Last year's tax return(s)
7. Written Estimated Costs – from a licensed water well professional. Quotes *should not* include any maintenance agreements or extra repair parts.
8. 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.

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

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



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APPLICANT INFORMATION

Applicant: _____ Date of Birth: _____

Co-Applicant: _____ Date of Birth: _____

Home Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Mailing Address if different from above: _____

EMPLOYMENT INFORMATION

Applicant Employer:	Co- Applicant Employer:
Address and Phone Number:	Address and Phone Number:
Position:	Position:
Length of Service:	Length of Service:
Monthly Wage:	Monthly Wage:

ADDITIONAL MEMBERS RESIDING IN HOUSEHOLD

Name	Age	Date of Birth	Monthly Income, if applicable

How much funding are you requesting from WWT? _____

WHY DO YOU NEED OUR ASSISTANCE?

Do you have a well that is not working? No, I do not have a well. Yes, What is wrong with the well?

Do you know the reason your well has failed? No Yes, explain

What action have you taken to correct this problem? None I have: _____

If you have no source of safe drinking water, please tell us. You may use the back of this page if you need more space.

We suggest you contact 2 - 3 water well contractors in your area for estimates. The contractors will come to your property 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.* **Have you contacted a well contractor to discuss the repair or install? Yes No**

ADDITIONAL INFORMATION

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.

INFORMATION YOU WILL NEED TO SUBMIT

1. Deed for the land Included If not, why? _____
2. Property tax receipt Included If not, why? _____
3. Most recent mortgage statement Included If not, why? _____
4. Proof of income for all earning household members over 18
 Included If not, why? _____
5. Last year’s tax return(s) – for all earning household members over 18
 Included If not, why? _____
6. Written Estimates for work to be performed
 Included If not, why? _____
7. Valid permit for a well, if required in your state.
 Included Licensed Well Contractor responsible for permit

CERTIFICATION

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.**

My signature below grants permission to the Water Well Trust, or its 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.

APPLICANT Name	
APPLICANT Signature	Date

CO-APPLICANT Name	
CO- APPLICANT Signature	Date