COMMUNITIES
Unlimited

Date Submitted: _____ Amount Requested: $_____

## APPLICANT INFORMATION

Name: _____County: _____

Street Address: _____ City, State: _____Zip Code_____

Mailing Address: _____ City, State: _____Zip Code_____

SSN: _____

Phone: _____Email: _____

## CO-APPLICANT INFORMATION

Name: _____County: _____

Street Address: _____City, State: _____ Zip Code_____

Mailing Address: _____City, State: _____Zip Code_____

SSN Co-Applicant: _____

Phone: _____Email: _____

## HOUSEHOLD INCOME – ALL INDIVIDUALS IN THE HOME OVER 18

| Name | Age | Date of Birth | Monthly Income |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## EMPLOYMENT INFORMATION

| | |
|---|---|
| Applicant Employer: | Co-Applicant Employer: |
| Address: | Address: |
| Position: | Position: |
| Length of Service: | Length of Service: |

Where did you hear about Communities Unlimited? _____

Estimated total cost for this project cost? _____

## WHY DO YOU NEED OUR ASSISTANCE?

Do you currently have a well? Yes _____ No _____ Do you currently have a septic system? Yes _____ No _____

Do you have a privy or outhouse? Yes _____ No _____ Do you have a working bathroom? Yes _____ No _____

Do you have hot and cold water at your kitchen sink? Yes _____ No _____

Have you contacted a well contractor to discuss the repair or install? Yes _____ No _____

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 NO 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 to 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 Communities Unlimited to know as your application is considered. You can add additional pages if needed. Please explain unusual medical expenses and if anyone in your household is handicapped, disabled, or severely ill.

_____

_____

_____

**My signature below grants permission to Communities Unlimited, 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 application for Communities Unlimited 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 of Applicant** **Date**

_____
**Print Name of Co-Applicant**

_____ _____
**Signature of Co-Applicant** **Date**