



## WWT APPLICATION

Water Well Trust

P.O. Box 2399

Davidson NC 28036

Toll Free: 833-539-8200

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/septic system or repair of an existing well/septic system. WWT limits funding to a **maximum of \$15,000 per eligible household, per system 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 60% of the median non-metropolitan household income for the state.

### APPLICATION PROCESS

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

1. Application– complete and submit
2. Deed for Property – indicating address, owners, and date
3. Property Tax Receipt - most recently paid real estate tax bill for the property
4. Most recent mortgage 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) – for all earning household members over 18
7. Written Estimated Costs – from a licensed water well or septic professional. Quotes should not include any maintenance agreements or extra repair parts.
8. Valid permit -- *if it is required by your county.* Your 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.

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

If you have questions or need help completing this application, contact 833-539-8200 or [info@waterwelltrust.org](mailto:info@waterwelltrust.org).

*This program is partially funded by a grant from the US Department of Agriculture  
Water Well Trust is an Equal Opportunity Lender*



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P.O. Box 2399  
Davidson NC 28036  
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**APPLICANT INFORMATION**

Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

**INCOME**

Applicants Source of Income:	Co- Applicant Source of Income:
Address and Phone Number:	Address and Phone Number:
Position (if applicable):	Position (if applicable):
Length of Service:	Length of Service:
Monthly Wage:	Monthly Wage:

**ADDITIONAL MEMBERS RESIDING IN HOUSEHOLD**

Name	Age	Race	Gender	Date of Birth	Monthly Income, if applicable

How much funding are you requesting from WWT? \_\_\_\_\_

**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. You may use the back of this page if you need more space.

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You will need to contact 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.* 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.

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**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 completed  
 Included  If not, why? \_\_\_\_\_
- 7. Valid permit  Included  If not, why? \_\_\_\_\_

**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 WORK.**  
No work can be completed before being approved.

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.

<b>APPLICANT Name</b>	
<b>APPLICANT Signature</b>	<b>Date</b>

<b>CO-APPLICANT Name</b>	
<b>CO- APPLICANT Signature</b>	<b>Date</b>