

3 EAST COLT SQUARE FAYETTEVILLE, AR 72703 479-443-2700

HOUSEHOLD WATER WELL LOAN APPLICATION

Communities Unlimited 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. CU 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:

- 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.

APPLICATION PROCESS

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

- 1. Application form complete and submit by program deadline call Communities Unlimited for date
- 2. Property Tax Receipt most recently paid real estate tax bill for the property
- 3. Proof of income for all earning household members over 18 Examples: last year's W-2, pay stubs for one month, Social Security or SSI award letter
- 4. Last year's tax return(s) for all earning household members over 18

You are under no obligation to CU simply by applying. Once approved, an agreement 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 479-443-2700 or info@communitiesu.org.



Date Submitted:	Amount Requested: \$			
	APPLICANT INFORMA	TION		
Name:		County:		
Street Address:	City, State:		Zip Code	
Mailing Address:	City, State:		Zip Code	
SSN:				
Phone:				
	CO-APPLICANT INFORM	ATION		
Name:		County:		
Street Address:	City, State:		Zip Code	
Mailing Address:	City, State:		Zip Code	
SSN Co-Applicant:				
Phone:				
HOUSEH	OLD INCOME – ALL INDIVIDUALS	IN THE HOME OVE	ER 18	
Name	Age	Date of Birth	Monthly Income	
	EMPLOYMENT INFORM	ATION		
Applicant Employer:	Co-Applicant Employer:			
Address:	Address:	Address:		
Position:	Position:	Position:		
Length of Service:	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

·	wish Communities Unlimited to know as your application is ase explain unusual medical expenses and if anyone in your
verify any or all information contained herein with respective whatever credit inquiries you consider necessary concern. The information obtained from Communities Unlimited assistance. I declare that to the best of my	nission to Communities Unlimited, or it's designated agent, to ect to this application for assistance. I authorize you to make ning the statements made in this application. these forms will be used only to qualify an application for 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	_

Date

Signature of Co-Applicant