



A Nonprofit Housing and Community Development Organization

Your name is on our waitlist for households in need of assistance with repair or replacement of your domestic water well. At the time of this letter we have over 115 names on this waitlist.

We want to help families living without water as quickly as possible and evaluate families for all possible forms of assistance. In order to speed up the process, please send the documents listed below in one of the following ways:

Via Mail:	or	In Person:	or	Via Email:
Self-Help Enterprises		Self-Help Enterprises		Self-Help Enterprises
Attn: Julie Cabanas		Attn: Julie Cabanas		Attn: Julie Cabanas
PO Box 6520		8445 W Elowin Court		juliec@selfhelpenterprises.org
Visalia, CA 93290		Visalia, CA 93291		

Please complete and return all forms and documents listed on the *Checklist for Water Well Application Packet* located behind this cover letter. Returning an incomplete application packet will delay the application process and our ability to assist you.

When your name comes to the top of the waitlist, we will review your documentation and follow up, as needed. *Note – Additional documentation and third party verification may be required. The items listed on the Checklist are preliminary documents to help us get started.

Included with this letter is a list of well drillers and pump installers compiled from various sources. The drought has caused a backlog for well drillers and pump installers and some estimate a wait time of anywhere from three to 12 months before they would be available. We recommend contacting the well drillers and pump installers and asking to be put on their waitlist. ****We cannot pay for services already provided.**** Do not give a well driller or pump installer permission to proceed with work until you have financing in place.

If you have any questions or need additional information, please contact Julie Cabanas, Loan Processor, at (559) 802-1610. Please note, Julie is experiencing a high volume of calls and may not be able to respond to you for several days. Continuous calls will only delay the process. Your situation is important to us and we are doing everything we can to provide assistance in a timely manner.

Thank you!



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Checklist for Water Well Application Packet

FORMS – PLEASE COMPLETE ALL **HIGHLIGHTED** AREAS OF THE FOLLOWING:

- Application for Household Water Well System (pages 1-4)
- Self-Certification
- Borrower's Authorization and Certification
- Conflict of Interest
- Self-Help Enterprises Fire/Homeowners Insurance Information
- Title Information/Identification
- Monthly Expense Worksheet
- Water Well Supplemental Information
- Well Completion Report Request – Owner (if unable to complete the Water Well Supplemental Information form)

DOCUMENTS REQUIRED FROM ALL HOUSEHOLD MEMBERS OVER 18 YEARS OLD:

- Three (3) months verification of wages, check stubs, social security, public assistance
- Six (6) months bank statements (checking and savings accounts)
- Three (3) years Federal Income Tax Returns **AND** Most recent W-2 forms

DOCUMENTS REQUIRED PER HOUSEHOLD:

- Estimate(s) from well driller and/or pump installer (refer to the List of Water Well Drillers and Pump installers, if needed)
- Proof of Fire/Homeowners Insurance
- Current mortgage statement
- Property tax bill
- Proof of 1 year residency (ex: old gas or electric bill, at least one year old)

DO NOT RETURN THE FOLLOWING (KEEP AT HOME):

- List of Water Well Drillers and Pump Installers

Please complete/return all forms and documents listed. Returning an incomplete application packet will delay the application process and our ability to assist you.

APPLICATION FOR HOUSEHOLD WATER WELL SYSTEM

This is an equal opportunity program. Discrimination is prohibited by Federal law.



What steps have you taken to verify your well is dry? Please list all steps below.

Has a certified well driller, pump company, or any other service verified that your well is dry? Yes No

If yes, please include a copy of your dry well documentation with your application.

If your well has been verified dry, are you receiving water from the Office of Emergency Services via the Temporary Water Tank Assistance Program? Yes No If not, how are you currently getting water to your home?

How far is the nearest water main line from your property? _____

Have you contacted you nearest city and/or water company to ask whether you would be eligible to connect to city water? Yes No

If yes, do you have a letter from the city and/or water company stating whether or not you'd be eligible to connect to city water? Yes No

If yes, please include a copy of the letter with your application.

FAMILY INCOME AND DETAILS

Borrower Name: _____ **Address:** _____ **File #** _____

LIST ALL PERSONS LIVING AT THIS ADDRESS. IF AN INDIVIDUAL HAS NO INCOME CURRENTLY OR DURING THE PRIOR CALENDAR YEAR, WRITE "NONE" UNDER "TOTAL ANNUAL INCOME"

NAME	RELATIONSHIP	AGE	SEX	TOTAL ANNUAL INCOME
	Applicant			

INCOME INFORMATION

Gross family income can include income from any of the following sources: Wages, Self-employment, Farming, Public Assistance, Social Security, Retirement/Pensions, Veteran's or GI Benefits, Child/Spousal Support, Unemployment/Disability Insurance, Worker's Comp., Contributions, Cash Gifts, Rental Income, Sale of Property, Foster Child Care, Interest, Dividends, Royalties, Scholarships, Grants and Loans for School to name a few.

PERSON RECEIVING INCOME	EMPLOYER	SOURCE OF INCOME	GROSS MONTHLY AMOUNT



FAMILY INCOME AND DETAILS

Borrower Name: _____ **Address:** _____ **File #** _____

Family Member	Asset Description	Cash Value	Income From Assets
1. Total Net Family Assets			
2. Total Actual Asset Income			
3. If Line 1 is Greater than \$5,000, multiply line 1 by 2.0% (passbook rate) and enter result here: otherwise, leave blank			

EXPLANATION OF INCOME SOURCE, ANNUAL AMOUNT OR OTHER COMMENTS

CERTIFICATION – READ BEFORE SIGNING

I certify that this will continue to be my primary residence of occupancy. I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that I have no additional income or assets and that there are no persons living in or contributing to my household other than those described here. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds. I understand that the information on this form is subject to verification. Penalties for falsifying information may include immediate repayment of all State and Federal funds received and/or prosecution under law.

CERTIFICACION – LEA ANTES DE FIRMAR

Yo certifico que aquí será mi residencia principal para vivir. Yo certifico que la información suministrada en este formulario es cierta y precisa a mi mayor conocimiento. Yo certifico que no cuento con ingresos adicionales ni bienes en activo y que no existen personas que se encuentren viviendo o contribuyendo a mi hogar aparte de aquellas descritas aquí. Yo estoy entiendo que existen penalidades por suministrar información falsa intencionalmente y a sabiendas en una solicitud para fondos Federales o Estatales. Yo entiendo que la información en este formulario queda sujeta a verificación. Las Penalidades por falsificar información puede incluir la devolución de inmediato de todos los fondos Federales o Estatales recibidos y/o procesamiento bajo la ley.

ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER MUST SIGN THIS FORM.

Date: _____	Applicant: _____	Date: _____	Applicant: _____
Date: _____	Applicant: _____	Date: _____	Applicant: _____
Date: _____	Applicant: _____	Date: _____	Applicant: _____
Date: _____	Applicant: _____	Date: _____	Applicant: _____



Drought Assistance SELF-CERTIFICATION of Income SELF-HELP ENTERPRISES

To be filled out by applicant:

Status: Owner/Applicant Tenant/Applicant

Name: _____

Physical Address: _____

City: _____ **State:** CA **Zip:** _____

Part I: Confidential Applicant Demographic Data (This section is voluntary)

Ethnicity (Select One)	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Hispanic
Race	Select All That Apply	
White	<input type="checkbox"/>	
Black/African American	<input type="checkbox"/>	
Asian	<input type="checkbox"/>	
American Indian/Alaskan Native	<input type="checkbox"/>	
Hawaiian Native/Other Pacific Islander	<input type="checkbox"/>	
Other Multi-Racial	<input type="checkbox"/>	

Part II: Confidential Applicant Income Certification

My total family size consists of _____ members, and the total gross annual income* for all adult members of household is \$_____.

*Gross annual income must include all sources of income (wages, child support, supplemental security income (SSI), unemployment, pension, income from assets, etc.).

I certify that the information given on this form is true and accurate to the best of my knowledge. I understand that the information on this form is subject to verification by Self-Help Enterprises.

Applicant Signature: _____ **Date:** _____

Applicant Name (print): _____

Applicant Physical Home Address: _____

City: _____ **State:** CA **Zip:** _____

AUTOCERTIFICACIÓN de Ingresos para Asistencia por la Sequía SELF-HELP ENTERPRISES

Para ser llenado por el solicitante:

Posición: Propietario/Solicitante Inquilino/Solicitante

Nombre: _____

Domicilio físico: _____

Ciudad: _____ **Estado:** CA **Zip:** _____

Parte I: Datos Demográficos Confidenciales del Solicitante (Esta sección es voluntaria)

Etnicidad (Seleccione uno)	<input type="checkbox"/> No es Hispano	<input type="checkbox"/> Hispano
Raza	Seleccione todas las que apliquen	
Caucásico	<input type="checkbox"/>	
Afroamericano	<input type="checkbox"/>	
Asiático	<input type="checkbox"/>	
Persona Indígena de Norte América /Nativos de Alaska	<input type="checkbox"/>	
Nativo Hawaiano/ Habitantes de las Islas del Pacífico	<input type="checkbox"/>	
Otros multirracial	<input type="checkbox"/>	

Parte II: Certificación Confidencial de Ingresos del Solicitante

El tamaño **total de mi familia es _____ miembros**, y el total de los ingresos brutos anuales* para todos los miembros adultos del hogar es \$ _____.

*El ingreso total anual debe incluir todas las fuentes de ingresos (salarios, manutención, seguridad de ingreso suplementario, desempleo, pensiones, bienes de capital, etc.).

Certifico que la información dada en este formulario es verdadera y correcta a lo mejor de mi conocimiento. Entiendo que la información en este formulario está sujeta a verificación por parte de Self-Help Enterprises.

Firma de Solicitante: _____ **Fecha:** _____

Nombre de Solicitante (imprimir): _____

Domicilio físico del Solicitante: _____

Ciudad: _____ **Estado:** CA **Zip:** _____



Loan #: _____

BORROWER'S AUTHORIZATION AND CERTIFICATION

1. I/We have applied for a rehabilitation loan from the _____ Housing Rehab Program, who has contracted with Self-Help Enterprises. In applying for the loan, I/we completed a loan application containing information regarding income, credit, assets and liabilities. I/We made no misrepresentations in the loan application or other document nor did I /we omit any pertinent information.
2. I/We, the undersigned, hereby give permission to Self-Help Enterprises to release the information on the Application for CDBG/HOME/HPG, SHE F-10301.1, and any other information gathered by Self-Help Enterprises, to the Housing Rehabilitation Lender. It is my/our understanding that this information is to be used solely for the purpose of approval of my/our application for participation in the program.
3. I/We authorize the Self-Help Enterprises staff to verify information contained in our loan application and other documents required, either before the loan is closed or after, as part of its audit program.
4. I/We authorize you to provide the Self-Help Enterprises any and all information they request. Such information includes, but is not limited to, employment history, bank accounts, credit reports, and income tax returns.
5. Necessary information may include loan status, payment history verification, including credit union and mortgage balances, any employment or compensation verification, consumer credit balances and payment history.
6. I/We authorize our insurance agent/company to add our new lender as a mortgagee to our homeowners/fire/flood insurance policy.
7. I/We understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make false statements when applying for a loan, as applicable under the provisions of Title 18, United State Code, Section 1014.

A copy of this authorization may be accepted as an original.

Signature

Social Security Number

Print Name

Date

Signature

Social Security Number

Print Name

Date

Conflict of Interest

Family _____

Date of Interview _____

Are any residents or owners of this home employed by the City, County or Self-Help Enterprises?

YES _____ NO _____

Are any residents or owners of this home related to an employee of the City, County or Self-Help Enterprises?

YES _____ NO _____

Are any residents or owners of this home a member of the governing body (City Council/Board of Supervisors/Board of Directors) of the City, County or Self-Help Enterprises?

YES _____ NO _____

Are any residents or owners of this home related to a member of the governing body (City Council/Board of Supervisors/Board of Directors) of the City, County or Self-Help Enterprises?

YES _____ NO _____

Details for any "yes" answers:

"I (we) certify that the information provided in this document is true and correct to the best of my (our) knowledge."

Signature

Date

Signature

Date

FIRE/HOMEOWNERS & FLOOD INSURANCE INFORMATION

FIRE/HOMEOWNERS

_____ I currently **DO NOT** have insurance covering my home.
_____ I currently **DO** have insurance covering my home.

FLOOD INSURANCE: Are you in a Flood Zone? Yes _____ No _____

_____ I currently **DO NOT** have insurance covering my home.
_____ I currently **DO** have insurance covering my home.

Please list the following information:

Insurance Company: _____

Agent's Name: _____

Agent's Address: _____

Agent's Phone Number: _____

Policy Number: _____

Dwelling Coverage: \$ _____

Expiration Date: _____

Yearly Premium: \$ _____

PLEASE ATTACH A COPY OF YOUR POLICY.

Initial

_____ At the time of my loan approval, I hereby authorize my above listed Insurance Agent to add the new lender to my insurance policy.

_____ If I do not have insurance and *if* the program permits the first year's premium to be paid through my loan, I agree to continue the coverage for as long as I have a loan with the city or county.

Insured (Owner)



TITLE INFORMATION/IDENTIFICATION

LIST ALL PERSONS ON TITLE TO THE HOME YOU WISH TO HAVE REPAIRED:

FULL NAME	ADDRESS	RELATIONSHIP TO OWNER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

LIST YOUR IDENTIFICATION AS FOLLOWS:

OWNER

Do you possess a:

California Identification Card?
(from DMV)

California Driver's License?

_____ YES

_____ NO

_____ YES

_____ NO

Full name as shown on License/ID:

ID Number: _____

Date of Birth: _____

Expiration Date: _____

CO-OWNER/SPOUSE OF OWNER (if applicable)

Do you possess a:

California Identification Card?
(from DMV)

California Driver's License?

_____ YES

_____ NO

_____ YES

_____ NO

Full name as shown on License/ID:

ID Number: _____

Date of Birth: _____

Expiration Date: _____



MONTHLY EXPENSE & SAVINGS WORKSHEET

OWNER:

Name: _____ **Project:** _____

INCOME:

Annual Income: _____ **Monthly Income:** _____

HOUSING EXPENSES:

	Annual	Monthly
Mortgage Payment(s)		
Utilities		
Transportation		
Food		
Personal Care		
Entertainment		
Auto payments		
Auto Insurance		
Savings (see Savings Goal Worksheet below)		
SUBTOTAL		

TOTAL MONTHLY EXPENSES = _____
 TOTAL EXPENSES DIVIDED BY INCOME = _____ %

SAVINGS GOAL WORKSHEET:

Savings goal	By when	Cost	Current savings	Savings needed	How many pay periods	How much per period
Fire Insurance						
Flood Insurance						
Property Taxes						
SUBTOTAL						

Signature: _____ **Date:** _____

Water Well Supplemental Information

Information needed for Environmental Review purposes:

1. What year was the original well installed? _____
Is the well painted? YES / NO

2. Have you had any work done to your well since it was originally installed? YES / NO
▪ If yes, please provide the dates and details of the work done:

3. Do you have a septic tank? YES / NO
▪ If yes, what year was the septic tank installed? _____

4. Are you aware of any other ground disturbances on your property (i.e., gas tanks, basements, underground storage, etc.)? YES / NO
▪ If yes, please provide the dates and details below:

Please answer the following questions to the best of your knowledge:

5. What type of casing does your well have? _____

6. What is the diameter of the casing? _____

7. What is the depth of your well? _____

8. At what depth is the pump installed? _____

***If unable to answer questions 5-8, please complete the attached "Well Completion Report Request – Owner" form and return by mail to Self Help Enterprises, Attn.: Julie Cabañas.**

DEPARTMENT OF WATER RESOURCES

NORTHERN REGION
2440 Main Street
Red Bluff, CA 96080
(530) 529-7300
(530) 529-7322 (Fax)

NORTH CENTRAL REGION
3500 Industrial Blvd.
West Sacramento, CA 95691
(916) 376-9612
(916) 376-9676 (Fax)

SOUTH CENTRAL REGION
3374 E. Shields Ave Ste A7
Fresno, CA 93726
(559) 230-3300
(559) 230-3301 (Fax)

SOUTHERN REGION
770 Fairmont Avenue
Glendale, CA 91203
(818) 500-1645 ext. 233
(818) 543-4604 (Fax)

WELL COMPLETION REPORT REQUEST--OWNER

California Water Code Section 13752 allows the release of copies of confidential Well Completion Reports to any person who obtains written authorization from the owner of the well. Well owners may use this form to authorize the release of a Well Completion Report by the Department of Water Resources. DWR requires the township, range, and section of the property where the well is located to start a search. Attach a map or a sketch with a north arrow, and provide as much identifying information listed below as possible; use additional paper if necessary. Sign the form, and submit it to the appropriate DWR District office.

Location of well (city and county): _____ Year drilled: _____

Street Address: _____

Distances and directions from cross streets or other landmarks:

Township _____ Range _____ Section _____ Quadrant _____ Well Use _____

Owner at time of drilling _____ Driller _____

Depth of well _____ Diameter and type of casing _____

Other identifying information, such as assessor's parcel number (on tax statement), subdivision or tract, lot number, well number, well completion report number, driller, date completed, etc.:

I certify that I am the present owner of the well described above.

Complete this part only if you wish a copy sent to someone other than yourself. Please send a copy of this Well Completion Report to:

Name (please print)

Julie Cabañas
Name (please print)

Company Name (please print)

Self Help Enterprises
Company Name (please print)

Address

PO Box 6520
Address

City, State, and Zip Code

Visalia, CA 93290
City, State, and Zip Code

Title:

Title: Loan Processor

Telephone: ()

Telephone: (559) 802-1610

FAX: ()

FAX: (559) 651-3634

Date:

Date:

E-mail:

E-mail: juliec@selfhelpenterprises.org

Signature

Owner's Signature Authorizing Release