



A Nonprofit Housing and Community Development Organization

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:	<i>or</i>	In Person:	<i>or</i>	Via Email:
Self-Help Enterprises		Self-Help Enterprises		Self-Help Enterprises
Attn: Water Well		Attn: Water Well		yulianab@selfhelpenterprises.org
Applications		Applications		
PO Box 6520		8445 W Elowin Court		
Visalia, CA 93290		Visalia, CA 93291		

Please complete and return all forms and documents listed on the *Checklist for Water Well Water Connection 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. If you are connecting to an existing water system, we will need two estimates from well drillers or pump installer for the well abandonment and the estimate from the city and/or water system for the work needed. Contact the well drillers and pump installers to request an estimate. We will need at least two complete estimates. A complete estimate may include the drilling of the well, the installation of the pump and/or any water connection fees. ****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 Tami McVay, Administrative Analyst, at (559) 802-1671. Please note, Tami 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/Water Connection Application Packet

FORMS – PLEASE COMPLETE ALL OF THE FOLLOWING:

- Application for Household Water Well System (pages 1-4)
- Borrower's Authorization and Certification
- Conflict of Interest
- Self-Help Enterprises Fire/Homeowners Insurance Information
- Title Information/Identification
- Water Well Supplemental Information

DOCUMENTS REQUIRED FROM ALL HOUSEHOLD MEMBERS OVER 18 YEARS OLD:

- Current one (1) month bank statements (checking and savings accounts)
- One (1) year most recent Federal Income Tax Returns **AND** W-2 forms and/or proof of income.

DOCUMENTS REQUIRED PER HOUSEHOLD:

- Two estimates from well driller and/or pump installer (refer to the List of Water Well Drillers and Pump installers, if needed)
*Note- A complete estimate may include the drilling of the well, the installation of the pump and/or any water connection fees.
- Proof of Fire/Homeowners Insurance (and Flood Insurance, if apply)
- Current mortgage statement
- Property tax bill
- Current utility bill and 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
- Water Well Estimate Requirements for well drillers and/or 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.



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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 INSURANCE:

_____ 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 ATTACH A COPY OF YOUR POLICY.

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

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: _____

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
▪ installed? _____ If yes, what year was the septic tank

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? _____