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:**
Self-Help Enterprises  
Attn: Water Well Applications  
PO Box 6520  
Visalia, CA 93290

**In Person:**
Self-Help Enterprises  
Attn: Water Well Applications  
8445 W Eiolin Court  
Visalia, CA 93291

**Via Email:**
Self-Help Enterprises  
yulianab@selfhelpenterprises.org

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!
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.

Loan Processor: ___________________________ Date: ______________ Project: __________ File #: _______________________

Participant Information: English speaking household? □Yes □No Do you own the home? □Yes □No
Do you rent the home? □Yes □No Are there rental units or any other living units on the property? □Yes □No
(If a rental, owner of the home must apply) If yes, how many? _____ Are they occupied? □Yes □No
What is the income you receive on these additional units annually? __________________
Primary use for well: □Domestic/household □Ag/Irrigation □Combination Domestic/Ag □Other: __________

For statistical/government monitoring purposes only: Ethnicity: Hispanic □Non-Hispanic □

Applicant Race: __________ Co-applicant Race: __________
-White -Black/African-American -Asian -American Indian/Alaskan Native -Native Hawaiian/Other Pacific Islander -Other/ Multi-Racial

Are you a military veteran? Yes □ No □
Are you disabled? Yes □ No □
Is this a female headed household? Yes □ No □

Applicant's Name: ___________________________ Co-Applicant's Name: ___________________________

Street Address: ___________________________
(of water well)

Mailing Address (if different from above): ___________________________

City: __________ Zip: __________ County: __________

Phone: ( ) Work/Cell: ( )

Email address: ___________________________

Mortgage Information:

1st Mortgage Balance $ __________
2nd Mortgage Balance $ __________

Do you have a Balloon Payment? Yes □ No □
Do you have an Equity Line of Credit? Yes □ No □
Do you have a Reverse Mortgage? Yes □ No □
Have you done a Loan Modification? Yes □ No □
    □Permanent □Temporary

Any Foreclosure filings? Yes □ No □
    □Notice of Default □Notice of Sale

Do you currently have a loan with USDA (502/504)? Yes □ No □

Is your property tax and homeowners insurance included with your mortgage payment? Yes □ No □ If yes, amount: __________

Property Information:

Is the home owner-occupied? Yes □ No □
Are you close to other city water hookups? Yes □ No □
If yes, how far? __________ mi. Community: __________
Is this a Mobile Home? Yes □ No □
How many Acres is your property? __________

Year built: __________ Bedrooms: __________ Bathrooms: __________

Are you in a Flood Zone? Yes □ No □
Do you have Fire Insurance? Yes □ No □
Do you have Flood Insurance? Yes □ No □

Total persons in Household __________ # over 18yrs: __________
    # over 62 yrs: __________

Total Annual Household Income? $ __________

About your Well:

Approximate date the problem started: __________
Are you working with a Driller? Yes □ No □
If yes, which Contractor? __________

Have you been placed on a waitlist? Yes □ No □

What is the issue?

□Well is dry (no longer producing water)
□Reduction in water pressure/lower flows
□Well is pumping sand/muddy water
□Well is catching air/have to wait to be able to pump
□Reduction in water quality
□Other: __________
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 your 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"**

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>AGE</th>
<th>SEX</th>
<th>TOTAL ANNUAL INCOME</th>
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**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.

<table>
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<tr>
<th>PERSON RECEIVING INCOME</th>
<th>EMPLOYER</th>
<th>SOURCE OF INCOME</th>
<th>GROSS MONTHLY AMOUNT</th>
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# FAMILY INCOME AND DETAILS

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<th>Family Member</th>
<th>Asset Description</th>
<th>Cash Value</th>
<th>Income From Assets</th>
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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 aqui sera mi residencia principal para vivir. Yo certifico que la informacion 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 aqui. Yo estoy entiendo que existen penalidades por suministrar informacion falsa intencionalmente y a sabiendas en una solicitud para fondos Federales o Estatales. Yo entiendo que la informacion en este formulario queda sujeta a verificacion. Las Penalidades por falsificar informacion puede incluir la devolucion 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.**

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<th>Date:</th>
<th>Applicant:</th>
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<td>Applicant:</td>
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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:

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>ADDRESS</th>
<th>RELATIONSHIP TO OWNER</th>
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LIST YOUR IDENTIFICATION AS FOLLOWS:

OWNER

Do you possess a:

- California Identification Card?  
- California Driver's License?

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<tr>
<th>YES</th>
<th>NO</th>
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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?  
- California Driver's License?

<table>
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<tr>
<th>YES</th>
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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
   • 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? __________________________