

For WPCOG Staff use only:

Last Name _____ Final Cost _____

WSWS - _____ Impaired Water _____

County _____ Septic Permit # _____

People in Home _____ Household Income _____

Bids

Contractor 1 _____ Amount _____

Contractor 2 _____ Amount _____

Contractor 3 _____ Amount _____

Loan Documents Prepared _____ Signed _____ Contractor Approved to start _____

Project Complete _____ Invoice submitted _____ Recorded _____

Applicant: Please fill out the following:

Date: ____ / ____ / 20____

Owner Name 1: _____

Owner Name 2: _____

Phone: _____

County _____ PIN _____

How many persons live in the house? Adults (18+): _____ Children (0-17): _____

Property Address:

(Note: The property must be located in a WS-IV Protected or Critical area or within an impaired watershed. WPCOG staff will make this determination)

Own home? (Y/N) _____

Nature of Problem & Log: _____

What is the estimated total annual household income for the previous year (that is, the income of all persons 18 and older living in the household, including social security and pension income)?

Name	What is the source(s) of income:		
	Work	SS	Other
_____	_____ /	_____ /	_____
_____	_____ /	_____ /	_____
		\$	_____

(If slightly over the grant income limit) Does anyone in your household have a chronic medical condition for which you spend money out-of-pocket? If so, how much annually?

\$ _____

How did you hear about the program? _____

Full Names of People on Deed:

First: _____ Middle: _____ Last: _____ Suffix: _____

First: _____ Middle: _____ Last: _____ Suffix: _____

First: _____ Middle: _____ Last: _____ Suffix: _____

There will be a **\$64.00** filing fee check or money order made out to the County Register of Deeds you will need at loan signing.

Make sure all parties on the deed can come to meeting.