



MISSION SPRINGS WATER DISTRICT FINANCIAL ASSISTANCE REQUEST - APPLICATION

Enter below the Address for the property that you are seeking financial assistance for:

PROPERTY ADDRESS:

APPLICANT INFORMATION

Name:

Date of birth:

Phone Number:

Current mailing address:

City:

State:

ZIP Code:

Single Family Residence

Multi-Family

Commercial

Monthly payment:

How long?

EMPLOYMENT/INCOME INFORMATION

Current employer/income source:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Annual income:

REFERENCE INFORMATION

Name of a relative NOT residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

List all costs here that you are requesting funding for. Eligible costs include: permit/inspection fees from the City or County, construction costs (per the contractor proposal – all labor and materials, including septic tank pumping and abandonment costs), and District connection fees if applicable. List on separate sheet of paper as needed.

Total of all costs: \$ _____ ***

Note: District requires a minimum 10% down payment of the total costs, due and payable upon approval and execution of the Non-Transferable Lien Agreement, and prior to the start of construction.

Down payment amount (min. of at least 10% of the total costs): \$ _____

Total funding amount requested (less the deposit amount): \$ _____

I authorize Mission Springs Water District (District) to verify the information provided by me on this form. I understand that by my signature below I agree that there is a nonrefundable credit check fee that may be added to my current water account bill if a credit check is run. I understand that this is a request for financial assistance, subject to the rules, regulations and ordinances of the District, and is not a guarantee or promise of funding. I verify that I have sought and received (___ initial here & note amount received \$ _____) or have been denied grant funding, or grant funding was not available for me for a sewer connection ____ (initial), from the City of Desert Hot Springs or County of Riverside as applicable.

My signature below acknowledges that I am the legal owner of the above mentioned property.

Signature of applicant (property owner)

Date

Signature of co-applicant, if applicable

Date

*****ATTACH YOUR COST ESTIMATES (MINIMUM OF 3) FROM LICENSED & QUALIFIED CONTRACTORS WITH THIS APPLICATION, AND INCLUDE A BREAKDOWN FOR ALL COSTS REQUESTED FOR FUNDING CONSIDERATION.**