



Water Well Abandonment, Repair, and Replacement Fund

Income Eligibility Form - Option 1b.

An applicant qualifies for the Well Abandonment, Repair, and Replacement Fund if the applicant is determined eligible for certain Oregon Department of Human Services or Oregon Health Authority programs.

- Supplemental Nutrition Assistance Program (SNAP)
- Oregon Health Plan (OHP) (Medicaid)
- Children’s Health Insurance Program (CHIP)
- Temporary Assistance for Needy Families (TANF)



Attach a copy of an Eligibility Notice for a program above that your household has received in the prior seven months.

Applicant Attestation of Household Size

By signing below, the applicant attests to a Household Size of _____ persons. “Household” means all individuals who reside in the place of residence, including all family members and roommates who are not related and not under a separate lease agreement. Further, the homeowner attests that this declaration of household size is true and correct.

Applicant Attestation of Authentic Documentation Provided

By signing, the applicant attests that the Eligibility Notice provided with this form to the Oregon Water Resources Department (Department) is true, correct, and authentic. Furthermore, the applicant acknowledges that if the document content has been altered, or the Household Size falsified, funding shall be returned to the Department and the Department may pursue appropriate legal action against the applicant as appropriate.

Applicant Signature		Date	
Printed Name of Applicant		Social Security Number or Tax Identification Number	
Property address			
City	State	Zip code	
Mailing address (if different than Property Address)			
City	State	Zip code	

Form Instructions:

1. Fill out the form completely and Print and sign the completed Income Eligibility Form.
2. Mail the signed Income Eligibility Form with your Application and other required documents to Oregon Water Resources Department, Attention: Well Fund, 725 Summer Street NE Suite A, Salem, OR 97301.