



Water Well Abandonment, Repair, and Replacement Fund

Income Eligibility Form - Option 1c.

An applicant qualifies for the Well Abandonment, Repair, and Replacement Fund if the applicant can provide proof of eligibility. To prove qualifying income, the homeowner shall provide an Oregon Department of Revenue tax transcript (Form OR-40) for the most recent tax filing year for each tax filer residing at the household physical address.



Attach an Oregon Department of Revenue tax transcript (Form OR-40) for the most recent tax filing year for *each* tax filer residing at the household physical address. If you need to order a tax transcript, please call the Department of Revenue at 503-378-4988

Homeowner 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 part of a separate lease agreement. Further, the applicant attests that this declaration of household size is true and correct.

Household Size	Gross Yearly Income	Household Size	Gross Yearly Income	Household Size	Gross Yearly Income
<input type="checkbox"/> 1	\$0 – \$38,640	<input type="checkbox"/> 3	\$0 – \$65,880	<input type="checkbox"/> 5	\$0 – \$93,120
<input type="checkbox"/> 2	\$0 – \$52,260	<input type="checkbox"/> 4	\$0 – \$79,500	<input type="checkbox"/> 6	\$0 – \$106,740

For each additional household member above 6, add \$13,620.

Household Size _____ Gross Yearly Income \$ _____

Applicant Attestation of Authentic Documentation Provided

By signing, the applicant attests that the Tax Transcript 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.