It is important that you read and understand the [*2024 Construction Loan and Lead Service Line Loan Guidelines* 331-196(PDF)](https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/331-196.pdf) before you complete this application worksheet.

All applications must be submitted using the DWSRF online portal, WALT. Fields marked with an asterisk (\*) are required fields. We must receive submittals by November 30, 2024.

Prior to signing a loan contract, you must obtain a Unique Entity Identifier and a Central Contractor Registration expiration date through [SAM.gov](https://sam.gov/content/home), a [Statewide Vendor Number](https://ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services) through the Washington State Office of Financial Management, and a [Unified Business Identifier (UBI)](https://dor.wa.gov/sites/default/files/2022-03/700028_0.pdf?uid=64e4d231af5d5) number.

Submit questions to [dwsrf@doh.wa.gov](mailto:dwsrf@doh.wa.gov).

**Form Submitted Date** Click or tap to enter a date.

|  |  |  |  |
| --- | --- | --- | --- |
| Registration—Contact Information | | | |
| \*First Name | | **\*Last Name** | |
| Click or tap here to enter text. | | Click or tap here to enter text. | |
| \*Phone Number | | **\*Email** | |
| Click or tap here to enter text. | | Click or tap here to enter text. | |
| \*Address 1 | | **Address 2** | |
| Click or tap here to enter text. | | Click or tap here to enter text. | |
| **\*City** | **\*State** | | **\*Zip Code +4** [Link to USPS Zip Code Lookup](https://tools.usps.com/go/ZipLookupAction!input.action) |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. |
| **Applicant Organization Information** | | | |
| **\*Water System Name** | | | **\*Water System ID#** |
| Click or tap here to enter text. | | | Click or tap here to enter text. |
| **\*Unique Entity Identifier (UEI) #** | | | **\*Statewide Vendor #** |
| Click or tap here to enter text. | | | Click or tap here to enter text. |
| \*SAM.gov Expiration Date | | | \*UBI# |
| Click or tap to enter a date. | | | Click or tap here to enter text. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Initial Eligibility** | | | | | | |
| **\*Have you been invited to apply for the Emerging Contaminants for Small and Disadvantaged Community (ECSDC) funding?** YES  NO **If yes, Is your Water System Plan (WSP) or Small Water System Management Program (SWSMP) approved and current?** YES  NO\*If yes, have you uploaded a copy of the approval letter for applicant’s WSP or SWSMP?YES NO Provide copy with application submittal \*If yes, have you uploaded a copy of the page in the WSP or SWSMP that has the proposed project included?YES NO Provide copy with application submittal. Do not upload more than 3 pages. ATTENTION: Answering NO to any of the following six questions, or not providing requested documents will make you ineligible. Please contact your regional planner or engineer if you have questions. If no to being invited to ECSDC, then: \*Is your Water System Plan (WSP) or Small Water System Management Program (SWSMP) approved and current?YES  NO\*Have you uploaded a copy of the approval letter for applicant’s WSP or SWSMP?YES NO Provide copy with application submittal. \*Have you uploaded a copy of the page in the WSP or SWSMP that has the proposed project included?YES NO Provide copy with application submittal. Do not upload more than three (3) pages. \*If your project requires Water Rights (such as a new source) have you secured your Water Rights?YES  NO N/A Provide copy of applicable information with application submittal. \*Applicant owns project site or has ability to control site through easement or lease for at least the duration of the loan?YES  NO Provide copy of applicable information with application submittal. \*Applicant has a good audit with no outstanding findings related to technical, managerial, or financial capacity?YES  NO | | | | | | |
| Project Information | | | | | | |
| **\*Project Name** | Click or tap here to enter text. | | | | | |
| \*Describe what DWSRF will pay for (Scope of Work) (Maximum of 250 words). Click or tap here to enter text.  **\*Is this part of a larger project?**  YES NO  If yes, describe what is being built or constructed for the entire project.  Click or tap here to enter text. | | | | | | |
| **\*Legislative District (1-49):** Click or tap here to enter text. | | | | | | | |
| **\*Congressional District (1-10):** Click or tap here to enter text. | | | | | | | |
| Project Site Name | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| Project Site | | | | | | | |
| Street Address | | | City | | | State | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | Click or tap here to enter text. | |
| **Zip Code +4** [Link to USPS Zip Code Lookup](https://tools.usps.com/go/ZipLookupAction!input.action) | | **Latitude** | | **Longitude** | **\*Project County** | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | | |
| **\*Upload a map showing the location of the project.**  **\*Upload a map showing the census tracts to be served by the project.** | | | | | | | |
| **\*Main focus of the project (select one).**  Construction—Transmission and Distribution  Construction—Source  Construction—Treatment  Land Acquisition  Planning and Design Only  Purchase of Systems  Restructuring/Consolidation/Receivership  Other  **If other (public health concerns), please provide comments.**  Click or tap here to enter text. | | | | | | | |
| **\*Actions proposed to address public health concerns. Check all that apply.**  New Source  Source reconstruction or rehabilitation  Disinfection  Filtration  Other treatment  Treatment replacement or upgrade  Lead component or service line replacement  Security measures  Seismic improvements  Resiliency  Intertie  Redundancy  Reservoir interior rehabilitation  New reservoir  Consolidation or restructuring  Cross connection control  Pressure reducing station  New pump station  Pump station improvements  Meters as part of bigger project  Water main installation or replacement  Treatment plant discharge improvements  Telemetry or controls  Other  **If other, please provide comments:**  Click or tap here to enter text. | | | | | | | |
| \*Is this a restructuring/consolidation/receivership project?YES NO\*If YES, provide general description of the final outcome of restructuring/consolidation/receivership activities and provide a copy of the signed transfer of ownership agreement or court order for receivership: Click or tap here to enter text. \*Upload signed transfer of ownership agreement or court order for receivership. | | | | | | | |
| \*Does this project address a compliance issue in a department issued correspondence?YES NO **\*If YES, what issue(s)?**  Compliance Order  Boil Water Advisory  Sanitary Survey Finding  Other  **\*Upload Department Issued Compliance Document(s).** | | | | | | | |
| **\*Exceeding a maximum contaminant level (MCL), secondary MCL, or action level or within 80 percent of nitrate or arsenic MCL?** YES NO **\*If YES, what type of contaminant(s)?**  Arsenic (As)  Copper (Cu)  Iron (Fe)  Manganese (Mn)  Lead (Pb)  Nitrate (as N)  Disinfection by-products  Radionuclides  Organic chemicals  Total Coliform  Other (PFAS)  **\*If Other, please describe:**  Click or tap here to enter text. | | | | | | | |
| **\*Treatment technique issue?** YES NO **\*If YES, select rule(s):**  Ground Water Rule  Revised Total Coliform Rule  Surface Water Treatment Rule  Other  **\*If other treatment technique issues, please describe:**  Click or tap here to enter text. | | | | | | | |
| **\*Are you experiencing water shortage due to a declining aquifer? A Water Shortage response plan will be required as part of the project.** YES NO **\*If yes, upload documentation such as well water measurements or water saving measures.** | | | | | | | |
| **\*Do you have meters on all existing water sources?** YES  NO | | | | | | | |
| **\*Does the water system have service meters on all existing services?** YES  NO | | | | | | | |

|  |
| --- |
| Readiness to Proceed Points |
| **Are the construction documents complete?**  Submit regional office construction document approval letter.  YES NO  \*If YES, upload DOH approval letter |
| **Are the bid documents complete?**  Submit regional office bid document approval letter.  YES NO  \*If YES, upload DOH approval letter |
| **Has your water system completed the SEPA and/or NEPA process for this project?** YES NO Completion of SEPA/NEPA includes issuing a final determination and publishing the determination for the proposed project. Full completion receives full allowable points. In-process status will receive partial points. |
| **Has your water system completed the cultural/historical review process under Section 106?**  Completion of the Cultural Review includes a final determination made and published based on the National Historic Preservation Act (NHPA) requirements. Full completion receives full allowable points. Determinations made under Washington State Executive Order 05-05 or 21-02 and projects part way through the NHPA process will receive partial points.  YES NO  \*If YES, upload completed cultural/historical review. |
| **Does this funding complete a previous DWSRF construction or DWSRF emergency loan project?**  This project completes a previous partially funded DWSRF construction or DWSRF emergency loan project.  YES NO  **\***If YES, provide DWSRF application number and explain why it’s incomplete. Click or tap here to enter text. |
| **Does this funding complete a previous DWSRF preconstruction or planning and engineering loan?**  This project completes a previous DWSRF preconstruction or planning and engineering loan project. YES  NO **\***If YES, provide application number. Click or tap here to enter text. |
| **For consolidation projects, did this project receive a DWSRF consolidation feasibility study grant?** YES  NO **\***If YES, provide application number. Click or tap here to enter text. |
| **Does this loan complete the funding package for this project?**  This project completes a previous consolidation grant project. YES NO The DWSRF funding (if awarded) will complete the funding package for the proposed project. For multi-funded projects, we will award these points if other funding sources are secured (letters of commitment required) for the project and the DWSRF funding will complete the package. \*If YES, upload commitment letters. |

|  |
| --- |
| **Bonus Points** |
| |  |  |  | | --- | --- | --- | | **Do you want to be considered for Restructuring or Consolidation Bonus Points?**  **If YES, list the names and PWSID #’s being taken over and restructured.**  **If uncertain, check Sentry Internet.** | | YES NO | | Name: Click or tap here to enter text. | PWSID #: Click or tap here to enter text. | | | Name: Click or tap here to enter text. | PWSID #: Click or tap here to enter text. | | | Name: Click or tap here to enter text. | PWSID #: Click or tap here to enter text. | | | Name: Click or tap here to enter text. | PWSID #: Click or tap here to enter text. | | |
| **Has your staff attended asset management training session?**  If you participated in an asset management training provided by DOH, RCAC, or other technical provider between September 1, 2021, and November 30, 2024, you are eligible for bonus points. To receive points in this category, you must provide the training date, location, title, and sponsor information along with the names of staff who attended the training. YES NO If YES, provide who, where, and when. Click or tap here to enter text. |
| **Does your system have an asset inventory?**  To receive points in this category, you must provide an asset inventory that includes the list of water system assets, age of assets, expected life of the assets, replacement cost of assets, and criticality. See Appendix G for an example. YES NO If YES, upload a copy of your asset inventory. |
| \*Does this project require coordination with other infrastructure projects (Smart Projects)?Water main replacement projects that coincide with a transportation improvement project, fish passage barrier removal project, sewer main replacement, or other infrastructure projects will receive bonus points. Provide documentation of the other infrastructure project and construction schedule.YES  NO \*If YES, please list other infrastructure projects and scheduling issues and upload documentation for other infrastructure project. Click or tap here to enter text. |
| Does this project address water loss, reduce pumping or treatment costs, or result in reduced energy consumption. Provide documentation (put in upload)YES  NO \*If YES, please provide Green Infrastructure documentation. Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Financial Information | | | |
| **\*Project Budget (Enter date and amount for each activity included in your budget. If not listed, add below.)** | | | |
| **Activity** | **Date (Estimated)** | **Funding Request (Costs)**  **Amount** | |
| Engineering Report (preliminary engineering) | Click here to enter a date. | Click or tap here to enter text. | |
| Environmental Review | Click here to enter a date. | Click or tap here to enter text. | |
| Cultural Review | Click here to enter a date. | Click or tap here to enter text. | |
| Land/Right-of-Way Acquisition | Click here to enter a date. | Click or tap here to enter text. | |
| Permits | Click here to enter a date. | Click or tap here to enter text. | |
| Public Involvement/Information | Click here to enter a date. | Click or tap here to enter text. | |
| Bid Documents (design engineering) | Click here to enter a date. | Click or tap here to enter text. | |
| Construction | Click here to enter a date. | Click or tap here to enter text. | |
| Contingency (should be at least 10% of Construction cost) | Click here to enter a date. | Click or tap here to enter text. | |
| DOH Review/Approval Fees | Click here to enter a date. | Click or tap here to enter text. | |
| Other Fees: (sales or use taxes) | Click here to enter a date. | Click or tap here to enter text. | |
| Service Meters (purchase and installation) | Click here to enter a date. | Click or tap here to enter text. | |
| Audit Costs | Click here to enter a date. | Click or tap here to enter text. | |
|  | | **Subtotal** | Click or tap here to enter text. |
| Other (describe): Click or tap here to enter text. | Click here to enter a date. |  | Click or tap here to enter text. |
| Other (describe): Click or tap here to enter text. | Click here to enter a date. |  | Click or tap here to enter text. |
| Other (describe): Click or tap here to enter text. | Click here to enter a date. |  | Click or tap here to enter text. |
| **Funding Request TOTAL** | | | Click or tap here to enter text. |
| **Loan Fee (if applicable)** | | | Click or tap here to enter text. |
| **TOTAL FUNDING REQUEST (add the two lines above)** | | | Click or tap here to enter text. |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*Have you secured any other funding sources for your project?** | | | | | | | YES  NO | | | |
| **If YES, please list funding sources and amounts below.** | | | | | | | | | | |
| Funding Source: Click or tap here to enter text. | | | | | | | | Amount: Click or tap here to enter text. | | |
| Funding Source: Click or tap here to enter text. | | | | | | | | Amount: Click or tap here to enter text. | | |
| Funding Source: Click or tap here to enter text. | | | | | | | | Amount: Click or tap here to enter text. | | |
| Funding Source: Click or tap here to enter text. | | | | | | | | Amount: Click or tap here to enter text. | | |
| **\*Have you applied for any other funding for your project? If YES, please list funding sources and amounts below. Include any requests for direct appropriations from the state legislature or federal congress.** | | | | | | | | YES  NO | | |
| Funding Source: Click or tap here to enter text. | | | | | | | | Amount: Click or tap here to enter text. | | |
| Funding Source: Click or tap here to enter text. | | | | | | | | Amount: Click or tap here to enter text. | | |
| Funding Source: Click or tap here to enter text. | | | | | | | | Amount: Click or tap here to enter text. | | |
| Funding Source: Click or tap here to enter text. | | | | | | | | Amount: Click or tap here to enter text. | | |
| **\*If the water system is a nonprofit corporation serving a non-community, upload a copy of the federal nonprofit certification to this application.** | | | | | | | | | | |
| **\*Applicant’s relationship to the water system (select one type).**  Water Manager  Parent and/or subsidiary  Owner  Satellite System  Attend to Absorb/Restructure With | | | | | | | | **\*Years in business as a water system.**  Click or tap here to enter text.  **\*Number of years under current management.**  Click or tap here to enter text. | | |
| **\*List your System’s Reserve Accounts** | | | | | | | | **Amount** | | |
| Operating cash reserve balance | | | | | | | | Click or tap here to enter text. | | |
| Emergency reserve balance | | | | | | | | Click or tap here to enter text. | | |
| Capital reserve balance | | | | | | | | Click or tap here to enter text. | | |
| Equipment reserve balance | | | | | | | | Click or tap here to enter text. | | |
| **TOTAL** | | | | | | | | Click or tap here to enter text. | | |
| **Does your water system have managerial capacity?** | | | | | | | | | | |
| **\*Are all of your water system board positions filled?** YES NO | | | | | | | | | | |
| \***Does your board meet regularly?** YES NO  If YES, When? Click or tap here to enter text. | | | | | | | | | | |
| \***Are your board meeting minutes available for review?**  YES NO  \*Upload meeting minutes approving submittal of the DWSRF application for the proposed project and proposed funding amount. | | | | | | | | | | |
| **Does your water system have technical capacity?** | | | | | | | | | | |
| **\*How many certified operators are you required to have?**  **\*Are all of your operator positions filled?**  YES NO  List operator names and certification numbers. Click or tap here to enter text. | | | | | | | | | | |
| **\*Will you need to hire or contract with additional operators upon completion of the project?**  YES NO  If YES, upload staffing plan. | | | | | | | | | | |
| **\*Do you keep the following records and are they available for review?**  YES NO  Operating (example: source and service meter reading).  Maintenance (example: how often pump is replaced or serviced). | | | | | | | | | | |
| **\*Connection Totals (List number of active residential, commercial, and other or vacant connections.)** | | | | | | | | | | |
| Connections | Current Year | | | Future Year 1 | | Future Year 2 | | Future Year 3 | Future Year 4 | Future Year 5 | |
| Total Number of Active Residential Connections | Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | |
| Total Number of Active Commercial Connections | Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | |
| Total Number of Other or Vacant Connections | Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | |
| Total Number of Connections | Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | |
| **\*Water Rate Information (Provide Water Rate Information per residential connection.)** | | | | | | | | | | |
| Average monthly residential rate per connection (base rate) | | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Additional residential rate per 100 cubic feet (CF) | | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Average monthly cubic feet consumption per connection | | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Current average rate per connection before this project | | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |
| --- |
| Was an income survey conducted on your system, jurisdiction, or project area? YES NO  If YES, upload a copy of the final report of the income survey and Median Household Income (MHI) determination. |
| Will the water system increase rates to repay this loan?  YES NO |
| \*Did or will the water system adopt rates to include the DWSRF loan repayment? YES NO  If YES, when will the new rates be effective? Click or tap here to enter text.  **\*Upload meeting minutes of the rate increase.** |
| How much annual revenue does this system expect this source to generate? Click or tap here to enter text. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Current Outstanding Long-Term Debt (For each obligation, list the annual principle and interest debt service, interest rate, maturity date and collateral, if any.)** | | | | | | | | | | | | |
| Lender | Outstanding Balance | Payment Amount | | | | Payment Schedule (Select One) | Interest Rate Percent | | Interest Rate (Select One) | | | Maturity Date |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | | | Weekly  Monthly  Quarterly | Click or tap here to enter text. | | Fixed  Variable | | | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | | | Weekly  Monthly  Quarterly | Click or tap here to enter text. | | Fixed  Variable | | | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | | | Weekly  Monthly  Quarterly | Click or tap here to enter text. | | Fixed  Variable | | | Click or tap here to enter text. |
| **Open Lines of Credit (List total amount available, current balance, and interest rate for each.)** | | | | | | | | | | | | |
| Lender | Available Credit | Current Balance | | | | Interest Rate Percent | Interest Rate (Select One) | | Maturity Date | | | Collateral Securing Debt |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | | | Click or tap here to enter text. | Fixed  Variable | | Click or tap here to enter text. | | | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | | | Click or tap here to enter text. | Fixed  Variable | | Click or tap here to enter text. | | | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | | | Click or tap here to enter text. | Fixed  Variable | | Click or tap here to enter text. | | | Click or tap here to enter text. |
| **List all entities where the applicant system has overlapping debt (Please indicate the amount and percent of outstanding debt for which your system is liable. Include 100 percent of debt if fully guaranteed by your system and 100 percent of debt your system's parent company is obligated for as the parent of other subsidiary entities.)** | | | | | | | | | | | | |
| **Entity Name** | | | **Outstanding Debt** | | | | | **Percent Share of Outstanding Debt** | | | | |
| Click or tap here to enter text. | | | enter text. | | | | | Click or tap here to enter text. | | | | |
| Click or tap here to enter text. | | | enter text. | | | | | Click or tap here to enter text. | | | | |
| Click or tap here to enter text. | | | enter text. | | | | | Click or tap here to enter text. | | | | |
| Does the system have the ability to raise rate for loan repayment? YES NO | | | | | | | | | | | | |
| Is there a pending motion (or resolution) to limit the water system’s ability to raise rates or expend from revenue the funds needed to repay a loan?YES  NO | | | | | | | | | | | | |
| Has the applicant experienced severe fiscal distress resulting from a natural disaster (example: Governor-declared emergency, or emergency public works need in the past 12 months)? YES  NO | | | | | | | | | | | | |
| Has the applicant received past or present technical assistance from the Rural Community Assistance Corporation (RCAC), Evergreen Rural Water of Washington (ERWOW), or any other consultant?  YES  NO  If YES, please provide comments: Click or tap here to enter text. | | | | | | | | | | | | |
| Did technical staff help you complete this form?  YES NO  **If YES, identify activities the technical staff provided for your water system or your board.**  Asset Management Training  Rate Setting  Assistance Completing Applications  Income Survey  Other  If other (activities), please provide comments: Click or tap here to enter text. | | | | | | | | | | | | |
| **Identify all events listed below that your water system experienced in the last five years.** | | | | | | | | | | | | |
| Is the water system involved in any lawsuits or pending litigation that is in excess of $10,000? YES  NO  **If YES, upload a statement from your attorney describing the lawsuit.** | | | | | | | | | | | | |
| Have company assets been sold? YES  NO | | | | | | | | | | | | |
| Will company assets be sold in the future? YES NO | | | | | | | | | | | | |
| Will the water system consolidate or change ownership before the loan is paid off? YES NO | | | | | | | | | | | | |
| Is the system under any regulatory or court compliance order? YES  NO  If YES, please explain: Click or tap here to enter text.  **Upload documentation.** | | | | | | | | | | | | |
| **Business References for privately owned systems only, list the names and contact information of at least three references you did business with during the past year.** | | | | | | | | | | | | |
| Business Organization | | | | Contact Person | | | | Phone (xxx-xxx-xxxx) | | | Business Account # | |
| enter text. | | | | enter text. | | | | enter text. | | | enter text. | |
| enter text. | | | | enter text. | | | | enter text. | | | enter text. | |
| enter text. | | | | enter text. | | | | enter text. | | | enter text. | |
| **Authorization of DOH by Borrower *for privately owned systems only.* To facilitate processing of this application, the borrower hereby authorizes DOH staff to request business and/or personal credit reports for all proposed responsible parties for the debt obligation. (List name of person(s) who give DOH authority to check credit history.)** | | | | | | | | | | | | |
| Name of Authorized Person(s) | | | | | Title | | | | | Date | | |
| enter text. | | | | | enter text. | | | | | enter text. | | |
| enter text. | | | | | enter text. | | | | | enter text. | | |
| enter text. | | | | | enter text. | | | | | enter text. | | |

|  |  |
| --- | --- |
| **We certify that the applicant has not defaulted on any payment of matured principal and/or interest.** | |
| YES NO  If NO, provide details: Click or tap here to enter text. | |
| **\*To fully evaluate the financial status of the applicant, the DWSRF program requires the applicant upload the following items.** | |
| All applicants; Balance Sheet Statements for last three years and current year if available.  All applicants; Book Asset Details or complete Fixed Assets Inventory List and Depreciation schedule.  All applicants; Income Statements for last three years and current year if available.  All applicants; Adopted Water Rate Structure for last three years and current/future year(s) if available.  Privately owned water system only; filed Tax Returns for last three years.  Privately owned water system only; copy of bank statements ending December 31 for the last three years.  Privately owned water system only; Copy of Bylaws and Articles of Incorporation.  Click or tap here to enter text. | |
| **\*Attachment Checklist**  EZ1  Map  Other | **Other Documentation Comments**  Click or tap here to enter text. |

A picture containing company name

Description automatically generated

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov.](mailto:doh.information@doh.wa.gov.) If in need of translation services, call 1-800-525-0127.