



SHASTA COUNTY

DEPARTMENT OF RESOURCE MANAGEMENT

1855 Placer Street, Suite 201 Redding, CA 96001
Phone 530/225-5789 Fax 530/225-5413
www.co.shasta.ca.us/index/drm

Paul A. Hellman
Director
Adam Fieseler
Assistant Director

Shasta County Grant-Funded Drought Relief Program Application

TO BE FILLED OUT BY APPLICANT

****Properties served by a public water system do NOT qualify for this program****

Funding for this project is to be provided in full or in part through an agreement with the State Water Resources Control Board. The contents of this document do not necessarily reflect the views and policies of the foregoing, nor does mention of trade names or commercial products constitute endorsement or recommendation for use.

STATUS OF APPLICANT: TENANT OWNER

Reason for Application: _____

When did the problem start? _____

Describe the problem: _____

Name: _____

Physical Address: _____

Mailing Address: _____

Phone Number: (cell) _____ (home) _____ (work) _____

Best time to call: _____ Email: _____

Number of Household Members: _____ Number of Habitable Dwellings on Property: _____

Number of Wells on the Property: _____ Number of Water Tanks on the Property: _____ Tank Sizes: _____

Do you have a private septic system? _____ How old is septic system? _____

Have you had any issues with your septic system? (if yes please describe) _____

Do you want to receive bottled water? (5 gallon containers with one time hand pump) Yes No

CONFIDENTIAL HOUSEHOLD INCOME CERTIFICATION

The **total** gross annual income* for all members of household is \$ _____

*Gross annual income must include all sources of income (wages, child support, SSI, unemployment, pension, income from assets, retiree benefits, veteran benefits, etc.) Please submit documentation of current income for all household members, or, if receiving government assistance from programs such as Medi-Cal, TANF, SNAP, WIC, or CARE, you can submit a Release of Information form or obtain and submit a Verification of Benefits from Shasta County Health & Human Services.

I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for State funds, which may include immediate repayment of all State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification by County and State personnel as part of compliance monitoring.

Applicant Signature: _____ Date: _____

Applicant Name (print): _____

For Official Use Only:

Application Approved: _____ Date: _____

Comments: _____