SafiSan Application Form (CP2)

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|  | **APPLICATION SHEET ID:** |  |
|  |  | Linked to **PLOT REGISTRATION ID:** |  |
| **1.** | **Information on the applicant** |
| 1.1 Date: | Day: |  | Month: |  | Year:  |  | 1.2 WSP office: |  |
| 1.3 Family name: |  | 1.4 First name: |  |
| 1.5 ID no.: |  | 1.6 Tel. no.: |  |
| 1.7 Status:  | Landlord: |  | House owner: |  | Tenant: |  | Other: |  | *Explain>>* |  |
| 1.8 County: |  | 1.9 Sub-County: |  |
| 1.10 Sub-location: |  |
| 1.11 Town: |  | 1.12 Area: |  |
| 1.13 Plot number:  |  | 1.14 Address: |  |
| **2.** | **Information on the preferred toilet options** |
| No. | 2.1 Toilet Model | 2.2 Toilet Technology | 2.3 Technology eligible as per Plot Registration? | 2.4 Number | 2.5 Subsidy (KSh) |
| *New toilets* |
| 1. |  |  | YES |  | NO |  |  |  |
| 2. |  |  | YES |  | NO |  |  |  |
| 3. |  |  | YES |  | NO |  |  |  |
| *Rehabilitated toilets*  |
| 1. Rehabilitated toilets |  | YES |  | NO |  |  |  |
| Total: |  |  |  |
| 2.6 Will the toilet(s) be connected to a sewer? |  |
| 2.7 Will a septic tank be constructed? |  |
| 2.8 Subsidy to be received by: | Landlord |  | House owner |  | Artisan: |  | Other: |  | >>Explain :>> |  |
| 2.9 Remarks: |  |
| 2.10 Social Animator (if applicable) |  | 2.11 Tel. no. |  |

X

APPLICANT

|  |  |
| --- | --- |
| Name: |  |

X

PROJECT INSPECTOR

|  |  |
| --- | --- |
| Name: |  |

X

PROJECT SUPERVISOR

|  |  |
| --- | --- |
| Name: |  |

X

WSP REPRESENTATIVE

|  |  |
| --- | --- |
| Name: |  |