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: |  |