

ADVANCED PURIFICATION ENGINEERING CO. 301 Brea Canyon Rd, City of Industry, CA 91789 E-mail charitysupport@freedrinkingwater.com Fax 626.956.0668

### **FreeDrinkingWater Donation Application**

### **Program Overview**

APEC's FreeDrinkingWater program is a charity that provides free reverse osmosis water systems to individuals or families who are having both financial and medical difficulties. Qualified applicants should complete this form and submit it back to us with documented proof of their financial and medical hardship. Once a month, we will select several qualified candidates to receive a free reverse osmosis system. Those who have been selected to receive a system will be notified at the end of each month by email or telephone correspondence. Applicants, who have met all of the qualifications for the program but were not chosen for the month they applied, will automatically be reevaluated for the following month's giveaway.

### **Eligibility Guidelines**

All eligible candidates should fill out this application directly. If they cannot complete the application themselves, please explain the reason. In addition to the application, some applicants may be asked to provide documentation of their income and medical status.

If you are not sure if your current situation qualifies, please feel free to apply anyway. We will judge each application individually based on demand, qualification and necessity so you will have a chance to receive a system. This program is open to all residences within the 48 contiguous United States.

### **Description of Available Products**

Applicants chosen to receive a system will have the option of picking between two reverse osmosis water filtration units. The two models are the RO-45 and the RO-CTOP.

The RO-45 system is an under-the-counter system that needs to be installed and hard-plumbed under your kitchen sink. This system comes with a holding tank and faucet and is fully automated. The RO-45 is a good system for individuals who are fairly handy and have the manual dexterity to install a water system themselves. While most (90%) people have no problem installing this system, some people may need to hire a plumber to do so. It is a good system for families who live in their own homes and do not frequently move or relocate.

The RO-CTOP is a counter-top system that can be easily connected to your existing kitchen sink faucet. This unit can be quickly setup or removed from any faucet and is lightweight and portable. This system does not come with a tank or faucet and water must be collected in a separate container or pitcher. The RO-CTOP is the ideal system for individuals who do not have the manual devterity to install a water moi plac

viduals who do not have the manual dextenty to install a water syst	tern themselves and do not want to spend
ney to hire a plumber. It is also the better system for people who re	nt or move frequently as it is easy to take from
ce to place.	
Please check the system you are most interested in. RO-45	□RO-CTOP

(For more information about the two systems, please visit our website at www.freedrinkingwater.com)

Date:	
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# ${\bf Free Drinking Water}$

Donation Program Application

For Internal Use				
Status				
Case#				

Please type or print in black ink.

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Applicant Information							
Last Name:	First Name:						
Street Address (Residential only):							
City:	State: AL		Zip Code:				
Home Phone: e-mail:		Date of Birth:					
Sex: Male Marital Single Legally Separat    Status: Married Widow/Wido							
Describe your Medical Condition		May we post your selected to rec					
How did you first learn about Family/Friends Doct this program?	or News Google Yaho	o Other					
	Your Story						
Please use this section to tell us a little more about yo this application or on a separate sheet of paper.	ourself. If there is not enough space in	this box, feel fro	ee to write o	on the back of			

## FreeDrinkingWater

### **Donation Program Application**

### **Additional Information**

If you can provide any additional information or documentation that can verify your low income and health condition please also include it with your application. This will improve your chances of receiving a system and also speed up the application process.

Examples:

- 1. Personal Identification: Driver's license or passport
- 2. Medical Documentation: Doctor's letter, bills from hospitals
- 3. Financial Information: Income statements, social security benefits, etc.

Please send us copies of your documents only and not the originals. We cannot accept or guarantee the safe return of any original documents that are sent to us.

#### **Donation Acceptance Agreement**

Read carefully and sign below. This section must be read and signed by the applicant only. By either signing and/or accepting the donation, you (applicant) agree to the following terms.

- LIABILITY Under no circumstances will APEC be liable to the applicant for indirect, incidental, consequential, special or exemplary damages arising from the acceptance or application of any products donated in connection with this agreement.
- SYSTEMS DISCLAIMER APEC makes no claims that products provided through this agreement will treat, prevent, or cure any medical diseases or health conditions. Products are provided "as is" without any express or implied warranty.
- INDEMNIFICATION Applicant agrees to defend, indemnify and hold harmless APEC, its owners and employees against any loss, damage, expense, or cost arising out applicant's acceptance and application of products donated in connection with this agreement.
- PRIVACY Applicants' personal information will be kept strictly confidential and will never be posted or shared with any third parties.

By signing below, I confirm that I have read and agree to the terms set forth in this application. I further certify that all of the information I have supplied on this applications is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information which would affect the evaluation of my application.

Applicant's Name:			
Applicant's Signature		Date:	
	Signed By		

If you have any questions regarding this program do not hesitate to contact us. Please submit this application and all required documentation to:

FreeDrinkingWater, Donation Program, 301 Brea Canyon Rd, City of Industry, CA 91789 Fax: 626-956-0668

E-mail: charitysupport@freedrinkingwater.com

Submit by E-mail Print Form