



Assistance Services Program

Low Income Household Water Assistance Program

Intake Date: _____

Staff: _____

Last Name: _____ First Name: _____ Date of Birth: _____

Home Address: (This is where you receive water service) _____ City: _____ Zip Code: _____

Mailing Address: Same as Home? Yes _____ City: _____ Zip Code: _____

Phone Number: () _____ May we leave a detailed message: Yes No
Your email: (Optional- Will be used to communicate important information during the application process)
Mobile/Alt. Phone: () _____

What is your total estimated household annual income? _____ How many people are in your household? _____

What is your current household water services assistance need?

- My household water services has been shut off due to a past due bill.
- My household water services are on, but scheduled to be shut off.
- My household water services are on, but we need help paying future bills.

Disconnection is scheduled for:

MM	DD	YYYY

Who do you pay for water services? For rent with water included see next page.

- I pay a water utility company directly for drinking water and wastewater removal services (provide company name and account number(s) below)

*Please provide a copy of your most recent bill.

Utility Company Name: _____
Account #: _____

- I pay a water utility company directly for drinking water (provide company name and account number(s) below)

*Please provide a copy of your most recent bill.

Utility Company Name: _____
Account #: _____

- I pay a water utility company directly for wastewater removal services (provide company name and account number(s) below)

*Please provide a copy of your most recent bill.

Utility Company Name: _____
Account #: _____

My household rents our home and does not have a separate water bill (provide landlord name and contact information below).

Please provide a copy of your most recent rental receipt or lease stating that water is covered in your rental fee.

Landlord name or company			
Landlord address	Street Address		
	City	State	Zip Code
Landlord phone number			

Are you behind on paying your rent?

No, I am not behind on my rent.

Yes, I am behind on and need help paying my rent.

Is anyone in your household currently enrolled in any of the following program(s)? This information helps us determine eligibility and may help us to provide faster assistance because you have already provided information on your income and household in applying for these programs. Check all that apply:

Program	Yes	No	Unsure
Low Income Household Energy Assistance Program (LIHEAP)			
Supplemental Nutrition Assistance (SNAP)			
Supplemental Security Income (SSI)			
Temporary Assistance for Needy Families (TANF)			
Means-Tested Veterans Programs			
Other			

If you answered **yes** to any of the programs, above you can provide an eligibility notice for one of these programs, and there have been no changes to the number of people in your household you do not need to fill out the next question or provide additional documents. If you answered **no** to all of the programs above, please complete next question and provide proof of income.

Please check each box in the table below for all sources of household income. Also attach/submit proof of all household income listed below. Proof of income for each household member for the month, such as a paystub, Social Security letter, child support letter, unemployment letter, self-employment documentation, etc.)

Income Source	Check if "yes for household"
Employment (wages/ paystub)	
Social Security (benefit letter)	
Tribal Distribution	
Child Support (court order)	

Income Source (continued)	Check if "yes for household
Alimony (court order)	
Unemployment (benefit letter)	
Pension or Retirement	
Workers Compensation (benefit letter)	
Self-Employment (tax return)	
Zero Income (affidavit)	
Other (please specify)	

Explanation (please add any information you need to explain the responses you have provided on this application):

CERTIFICATION:

I attest that the information stated above is true and accurate and understand that the above information, if misrepresented, or incomplete, may be grounds from immediate application termination and/or could result in penalties as specified by law. I also agree to the additional Release of Information to the water provider as necessary to process payment and verify services provided. In addition, I agree that data from this form (not including my personal identifying information) may be used for reporting or program evaluation purposes.

Applicant Signature

Date