

Project Help – Low Income Assistance Program

Application For Assistance

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ ZIP _____

Mailing address (if different than street address) _____

Email Address _____

Daytime Telephone _____ Work Telephone _____

Customer Account Number _____

ELIGIBILITY REQUIREMENTS:

To be eligible for assistance you must:

- ❖ Be the owner of the property.
- ❖ Have received a disconnect notice for your water service
- ❖ Provide documentation that household income is \$40,000 or less, or are economically affected by COVID-19 and can provide documentation of unemployment status.

Assistance will be limited to \$50.00 annually per customer account on a calendar basis.

Please attach required documents to this form.

- ✓ Copy of your disconnect notice
- ✓ Copy of your most recent federal income tax return (other documentation will be accepted in lieu of tax return if one is not available).
- ✓ Proof of unemployment.

I do hereby certify that all the information I have provided is **true and complete** to the best of my knowledge. I understand any false or misrepresented information I have provided may cause denial of assistance.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Eligibility Verified: Yes _____ No _____

By: _____

Authorization: _____