

METROCARE WATER ASSISTANCE PROGRAM

Date: _____ SSN Number: _____ Applicant No.: _____

Section 1: Primary Account Holder Information

Place the primary DPU Water Account holder's information in the space below.

Full Name:			
Service Address:	City:	State:	Zip:
Phone No. / Email:	Primary:	Other:	Email:
DPU Account No.:	Amount Needed: \$ _____ (Provide Copy of Bill)		

Section 2: Household Information

Please list all members living in the home within the space(s) below. Continue on a separate page if more than five.

Full Name	Age	Disabled?	Relation to You	Monthly Income	Source of Income (Wages, SSI, TANF, etc.)
			Self	\$	
				\$	
				\$	

Section 3: Housing Information

Complete the information below. Check all that apply.

Amount you pay for rent or mortgage: \$ _____

Housing Status:
 (Check all that apply) Own Rent Rent is subsidized
 Did You Receive Assistance From this Program Last Year? Yes No

REASON FOR REQUEST:

Can you make a contribution at this time towards payment of your bill? Yes No If Yes, \$ _____

_____ Applicant grants permission for Agency to use United Way Services Clearinghouse to track financial assistance information. (Check box and initial)

Statement of Applicant: I certify that the information provided herein is accurate to the best of my knowledge. I am both the resident and the customer of record of the premises for which application is made. I understand that providing false information may result in disqualification of eligibility for the MetroCare Water Assistance Program. I am aware that other documentation may be required. I authorize the Agency permission to verify the information provided above.

Third Party Designee: Do you want to allow another person to complete this form for you? If Yes (Complete Below) No
 Designee's Name: _____ Phone No. _____

Applicant Signature: _____ **Date:** _____

FOR AGENCY USE ONLY:

APPROVED FOR PROCESSING **DENIED (See Below)**

Water/Wastewater Charges: \$ _____ Already Received Assistance

Customer Contribution: \$ _____ Income Too High

MetroCare WAP Credit Amount: \$ _____ Bad Debt / Collections

Note: MetroCare Water Assistance Program does not pay recycling and solid waste charges. Other – DPU Determination

Agency: _____ Location: _____ Phone: _____

Prepared By: (Print and Sign Name) _____