

# 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 you qualify for the property tax exemption in your respective county. See your County Assessor for more information.

**Assistance will be limited to \$50 annually.**

Please attach required documents to this form.

- ✓ Copy of your disconnect notice
- ✓ Documentation that you qualify for your County's Property Tax Exemption

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: \_\_\_\_\_