



Vermont Household Water Assistance Application

Answer all the questions. Write N/A if a question doesn't apply. Use a separate sheet of paper if you need more room. PLEASE PRINT.

First name, Middle name, Last name, and suffix (<i>Jr., Sr., III, etc.</i>)	Social Security Number
Mailing Address (<i>PO Box, Street Number, Apartment Number, Town, State, and Zip</i>)	Home Phone (<i>with area code</i>) ()
Physical Address if Different (<i>Street, House Number, Apartment Number, Town, State, and Zip</i>)	Day/Message Phone (<i>with area code</i>) ()

1. List anyone living in your home, including you, your spouse or civil union partner, children, other relatives, roommates roomers and boarders, caregivers, companions, and friends. If you need more room, attach another sheet of paper.

Name	Social Security Number	Sex (M/F)	Date of Birth	Relationship
SELF:				SELF

Please answer all of the following questions about the people listed above.

2. Do you own your own home? Yes No

A. If YES, do you pay for Water/Wastewater costs for your Household? Yes No

3. Do you Rent? Yes No

A. If YES, do you pay for Water/Wastewater as part of your Rent? Yes No

B. If you rent, who is your Landlord? _____

Landlord's phone number: () _____

4. Is your Water/Wastewater currently disconnected? Yes No

5. Is your Water/Wastewater at risk of being disconnected? Yes No

6. Your current Water/Wastewater Provider: _____

A. Name that your Water/Wastewater account is under: _____

B. Account Number: _____

****We will contact the Utility Provider to verify** **A copy of your current bill with your name on it, is REQUIRED****

7. Does anyone in your household get one of the benefits listed below? (*Please check ALL that apply*).

Fuel Assistance Reach Up Supplemental Security Income (SSI)

Veterans Programs 3 Squares Vermont

8. Income Information: If anyone has income from a job, complete this section.

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First Name	Initial	Date paid	Hours Worked	HourlyRate	Income before deductions	Tips & Commissions
How often paid?				\$	\$	\$
<input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Every two weeks				\$	\$	\$
<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____				\$	\$	\$
Name and phone number of employer:				\$	\$	\$
				\$	\$	\$

First Name	Initial	Date paid	Hours Worked	HourlyRate	Income before deductions	Tips & Commissions
How often paid?				\$	\$	\$
<input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Every two weeks				\$	\$	\$
<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____				\$	\$	\$
Name and phone number of employer:				\$	\$	\$
				\$	\$	\$

9. Does anyone have self-employment income (e.g., farming, home party sales, logging, rental income)? Yes No
 If YES, **YOU MUST** send copies of your most recent federal tax return, including all forms and schedules. If you have not filed taxes, send a statement of business income and expenses for the past three months.

10. Does anyone have unearned income? Yes No If YES, fill in the name of the recipient and the GROSS monthly amount before any deductions such as Medicare premiums, taxes, insurance, child support, or union dues.

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|------------------------------------------------|-------------------------------------------------------------|---------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Social Security/SSD | <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Veteran's Benefits | <input type="checkbox"/> Unemployment Compensation |
| <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Child Support and/or Alimony | <input type="checkbox"/> Interest/Dividends | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Adoption Subsidy | <input type="checkbox"/> Rental Income | <input type="checkbox"/> Other: _____ | |

First name, middle initial	Type of Unearned Income Received	Amount per Month
		\$
		\$
		\$
		\$
		\$

YOU MUST SIGN YOUR APPLICATION - UNSIGNED APPLICATIONS WILL BE RETURNED FOR A SIGNATURE

*I agree to report, within 10 days, all changes, including but not limited to: physical or mailing address, members of my household, housing, heating, and income. If I knowingly give false or misleading information, I understand I can be taken to court for fraud and if found guilty, may be fined, jailed, or both; may have to pay back any extra benefits received; and be disqualified from receiving future assistance.
 If I receive Water/Wastewater assistance, I give ESD permission to obtain and share any data about my annual energy consumption, cost, usage data, utility charges, payment history and other account information from my primary provider, company, or companies. I authorize the provider, company, or companies to provide this information to ESD.*

Signature of Applicant: _____ **Date:** _____

Name of person helping to fill out this form (please print): _____ **Signature:** _____ **Date:** _____

Relationship or Agency Name: _____ **Phone Number:** _____

Voter Registration: If you are not registered to vote where you live now, would you like a voter registration application? Yes No

If you do not check either box, you will be considered to have decided not to register to vote at this time.

Applying to register or declining to register to vote will not affect your eligibility for benefits or amount granted to you by ESD. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of State's Office at 128 State Street, Montpelier, VT 05633-1101, or call 1-802-828-2363, or 1-800-439-8683 (toll free)

Send completed form to: *Economic Services Division, Application & Document Processing Center, 280 State Drive, Waterbury, VT 05671-1500.*