



EOA WATER UTILITY ASSISTANCE APPLICATION

ELIGIBILITY FOR WATER UTILITY ASSISTANCE *(One-time Payment of Up to \$100 Paid Directly to Water Utility Supplier)*

To be eligible for the EOA Water Utility Assistance Program, you must live in Washington County, your household income must be at or below 125% of the federal poverty guidelines, and you must have a **Past Due Water Bill or Disconnect Notice**. You also must provide proof of income for all household members 18 and older. Applications cannot be processed without complete information and supporting documentation.

SUPPORTING DOCUMENTATION NEEDED TO APPLY

- Driver's License or Photo ID
 - Water Bill or Disconnect Notice
 - Social Security Number
- Proof of Income for Previous Month for all Household Members (Including Pay Stubs; Self-Employment Income; Social Security Income (SSA); Supplemental Security Income (SSI); Supplemental Security Disability Income (SSDI); Child Support; TEA; Alimony; Unemployment benefits; Worker's Compensation; Veterans Benefits; Retirement Benefits, etc.)

COMPLETING THIS APPLICATION



APPLICANT: All Sections of this form must be completed in order to determine your eligibility. Failure to complete this application and provide required documentation WILL delay the processing of your application. To qualify for the program, applicants must meet State eligibility requirements.

APPLICANT INFORMATION

First Name:		Last Name:	
Address:			
City:	State: AR	Zip Code:	County:
Phone Number:		Email:	
Social Security Number:		Date of Birth:	Age:
Status of Water Service:	Disconnected	Past Due	Energy Supplier:
Scheduled Date of Disconnection:		Account Number:	
Work Status:			
Employed Full-Time (at least 30 hours)		Unemployed (Short-term, 6 months or less)	
Employed Part-Time (less than 30 hours)		Unemployed (Long-term, more than 6 months)	
Migrant Seasonal Farm Worker		Unemployed (Not seeking employment)	
Retired			
Marital Status:			
Single		Divorced	
Married		Widowed	
Domestic Partner			

HOUSEHOLD INFORMATION

How many people are in your household?

Household Status:

- Single Person
- Two Adults-No Children
- Single Parent
- Two Parents
- Multigenerational (3 or more generations)
- Other _____

Housing Status:

- Own
- Rent
- Other Permanent Housing
- Other _____

Race: I =American Indian/Alaskan Native, A =Asian, B=Black or African American, P=Native Hawaiian or other Pacific Islander, W=White, MR =Multi-Race, O =Other, NR =Choose not to respond

Gender: M =Male, F =Female, NR =Choose not to respond

Education: 8=0-8th Grade, NG=9-12 Non-Graduate, HSG=High School Graduate, GED=GED, SC=Some College or Post-Secondary CD =2 or 4 year College Degree, GD =Graduate Degree or above

Name(s) of Household Members	Relationship to Applicant	Date of Birth MM/DD/YYYY	Veteran Yes or No	Active Military Yes or No	Disability Yes or No	Hispanic = Yes Not Hispanic =No	See Codes Above			
							Race	Gender	Education	Health Insurance Yes or No
Your Name	Self									

HOUSEHOLD NON-CASH BENEFITS

Check any benefit that you or your household currently receive:

- | | | |
|---------------------------------|------------------------------|-----------------------------|
| Food Stamps(SNAP) | Housing Voucher | Head Start |
| WIC | Permanent Supportive Housing | Childcare Voucher |
| LIHEAP (Energy Assistance) | HUD-VASH | Affordable Care Act Subsidy |
| EITC (Earned Income Tax Credit) | Public Housing | |

HOUSEHOLD INCOME					
List the monthly amount of any income that you or your household currently receives. Please use gross income. Gross income is what you earn before taxes and deductions.					
Source of Income	Applicant	Additional Household Member	Additional Household Member	Additional Household Member	
Employment (Adults Only)	\$	\$	\$	\$	
Self-Employment (Adults Only)	\$	\$	\$	\$	
TANF	\$	\$	\$	\$	
Child Support/ Alimony	\$	\$	\$	\$	
Social Security Income (SSI)	\$	\$	\$	\$	
Social Security Disability (SSDI)	\$	\$	\$	\$	
Social Security Retirement	\$	\$	\$	\$	
VA Disability Compensation	\$	\$	\$	\$	
VA Disability Pension	\$	\$	\$	\$	
Retirement/Pension	\$	\$	\$	\$	
Unemployment Insurance	\$	\$	\$	\$	
Worker's Compensation	\$	\$	\$	\$	
Private Disability Insurance	\$	\$	\$	\$	
Other:	\$	\$	\$	\$	
My household received NO income for the previous month. If you claim No Income, you will need two statements verifying that you have zero income <u>and</u> documenting how you have paid living expenses.					
REASON FOR NEED OF UTILITY ASSISTANCE					
Job Loss or Layoff due to COVID-19 Pandemic				Yes	No
Unforeseen financial crisis (medical bills, car repair, etc.)				Yes	No
Other:				Yes	No

The information I have provided is true and correct. I will provide documentation to verify my residency, the size of my household and income. I understand completion of this application does not guarantee that I will be eligible to receive services from the EOA Water Utility Assistance Program.

I am providing my signature electronically by typing my first and last name below.

Applicant Signature _____
Date

STAFF ONLY
DATE RECEIVED: _____
FORM VERSION: 05.2020

Bill Amount: \$ _____ Pledge Amount \$ _____

Approved _____ Denied _____ Over-Income _____

Staff Signature: _____

APPLICANTS RIGHTS AND RESPONSIBILITIES

I understand that I have the right to appeal any decision regarding this application which I consider improper, and also any delay in decision or delivery of services.

I understand that I must help establish my eligibility by providing as much information as I can about my circumstances.

I authorize the contracted agency to release information relating to my application for Water Utility Assistance to my Water Utility Supplier to determine eligibility. I give permission to the Arkansas Department of Human Services to use information provided on this form for purposes of research, evaluation and analysis of the program.

I understand that my utility service provider will have no control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking any steps to ensure that the CSBG office maintains the confidentiality of the data or uses the data as authorized by you.

I understand that no person may be denied assistance on the basis of race, color, sex, age, handicap, religion, national origin, or political belief.

I understand that my signature on this application authorizes the agency to make any investigation concerning me or any household member and/or use a copy as a release of information for securing information needed to determine my eligibility for services.

I understand that if I receive assistance to which I am not entitled as a result of withholding information or knowingly providing false or fraudulent information regarding my circumstances, I must repay the cost of any assistance and may face penalty of criminal prosecution.

The information given on this application is true to the best of my knowledge and belief. I understand that this form is signed subject to penalties for perjury.

If your application is complete, please click the submit button below. You will be contacted to schedule a phone interview. Please gather the documents below, prior to your interview:

- Driver's License or Photo ID
- Water Bill or Disconnect Notice
- Social Security Number
- **Proof of Income for Previous Month for Household Members 18 and older** (Including Pay Stubs; Self-Employment Income; Social Security Income (SSA); Supplemental Security Income (SSI); Supplemental Security Disability Income (SSDI); Child Support; TEA; Alimony; Unemployment benefits; Worker's Compensation; Veterans Benefits; Retirement Benefits, etc.)