

LIFE LINE

WATER BILLS



PLUMBING REPAIRS

REFUSE DISPOSAL

(757) 664-6035



Maximum annual assistance of \$270 in the form of a non-refundable

payment to Hampton Roads Utility Billing Service (HRUBS) on your behalf.



Maximum annual assistance of \$500 to licensed plumbers on behalf of owner-

occupants for plumbing repairs.



Maximum annual assistance of \$120 in the form of a non-refundable payment to

HRUBS on your behalf.

THE CITY OF NORFOLK'S LIFELINE PROGRAM HELPS ELIGIBLE RESIDENTS AVOID DISRUPTION IN WATER SERVICE.

Low-income families, individuals and senior citizens who qualify may receive financial assistance to cover certain costs associated with the Hampton Roads Utility Bill (HRUBS).

Lifeline also assists with payment of the refuse disposal fee (SPSA).

Residents may apply for both forms of assistance with one application.

LIFELINE

UTILITY ASSISTANCE

(757) 664-6035



WATER BILLS
PLUMBING REPAIRS
REFUSE DISPOSAL

TO QUALIFY FOR LIFELINE YOU MUST HAVE:

- ◆ **Water and/or refuse disposal services in Norfolk**
- ◆ **Liquid resources not to exceed \$2,000 (bank accounts, certificates of deposit, credit unions, or retirement accounts)**
- ◆ **A monthly gross income not to exceed 200% of federal poverty level**

LIFELINE INCOME LIMITS

Effective 1-20-11

Household Size	Monthly	Annual
1	\$1,815	\$21,780
2	\$2,452	\$29,420
3	\$3,089	\$37,060
4	\$3,725	\$44,700
5	\$4,362	\$52,340
6	\$4,999	\$59,980
7	\$5,635	\$67,620
8	\$6,272	\$75,260
Each Additional:	\$637	\$7,640

Applications are available at any Department of Human Services location, the Department of Utilities, or online at www.norfolk.gov/humanservices

A full disclosure of your information and attaching your verifications will speed up the process.

If you are receiving public assistance (Supplemental Nutrition Assistance Program – SNAP, Medicaid or TANF), we may be able to obtain some of the needed verifications.

ADAPT Case # _____ Legacy Case # _____

Date Application Received _____ Worker # _____



Application for Lifeline and SPSA Lifeline

Lifeline is not an entitlement program and assistance will be provided only until funds are exhausted. Lifeline is totally funded by the City of Norfolk. Virginia Department of Social Services policies on Appeals and Fair Hearings do not apply.

PLEASE ANSWER ALL QUESTIONS COMPLETELY:

Last Name: _____ **First Name:** _____

Street Address: _____ **Norfolk, VA 235** _____

Telephone Number Home: (____) _____ **Work:** (____) _____

Account number from HRUBS bill: _____

Assistance is requested for (check all that apply):

- Combined services bill
- Plumbing repairs, if so, please list the name and phone number of the plumbing contractor that you would like to do the repairs
- SPSA Lifeline – one time only payment to offset garbage collection fees for FY2012*

For plumbing applicants:

- Homeowner
- Renter, responsible for own water expense

List all household members and their information with applicants name first:

Name	Social Security #	Birth date	Relationship	Gross monthly Income	Source of Income
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

Do you have any of the following (check all that apply)

Checking account: [] Yes [] No If yes, current balance: \$ _____

Savings Account: [] Yes [] No If yes, current balance \$ _____

Stocks, Bonds, Securities, CD's, Retirement Accounts [] Yes [] No If yes, current value \$ _____

Cash on hand: [] Yes [] No If yes, amount \$ _____

APPLICANT'S CERTIFICATION

I REQUEST ASSISTANCE AND CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. I UNDERSTAND THAT:

- I have a right to file a complaint if I feel that I have been discriminated against because of my race, color, national origin, religion, sex, age, handicap or religious belief.
- If I give false information or withhold information, I may be breaking the law and could be prosecuted for perjury or larceny.
- My signature below authorizes the Department of Human Services, the Department of Utilities, the Department of Public Works and HRSD to share information and obtain any verification necessary to establish my eligibility for assistance and to give information in my case record to other organizations from which I have or may request assistance.

Signature: _____ **Date:** _____