

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 \$ _____

For plumbing applicants

Homeowner

Renter, responsible for own water expense

Name of plumber: _____ **Phone:** _____

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:** _____