

Emergency Utility Water Payment Program Application



Department of Human Services Emergency Utility Water Payment Program FY 2020

Please complete the application and provide copies of the following documents listed below and return to our office. Eligibility for the program is retroactive from the date the application is received if all documents that are required for approval are received with the application. Applications are processed in the order they are received.

Government issued Identification for all persons 18 years and older. Please provide a copy of one of the items below for each adult:

- State driver's license
- State identification card
- Passport or Permanent Resident Card

A copy of your water bill statement showing a shut off notice or arrears payment notification is required.

Housing Status (Applicants residing in subsidized housing with a utility credit/allowance are not eligible)

- Renter: Current lease/rental agreement and current rent payment receipt
OR have your landlord complete the enclosed statement from Landlord form.
- Homeowners: Mortgage statement or if no mortgage statement, send property tax statement

Income documentation for ALL household members must be provided. Please provide verification of GROSS income received in the month prior to your application date.

- Paycheck stubs/ Employer statement showing GROSS earnings
- DHS award letters (TANF, GAU/GAX)
- Child support
- Social Security/SSI award letter/Survivor benefits
- Pensions/Annuity/IRA, Interest & Dividends
- Labor and Industry (L&I) statement
- Student financial aid and tuition statement
- Rental/investment property income (Provide a copy of lease/rental agreement.)
- Self-employed (Most recent full tax return & 3 months profit & loss statements)
- Other income: _____

Emergency Utility Water Payment Program Application
Please complete the front and back of this form

Applicant's Name				
		Last	First	Middle
Primary Name on Water Bill:				
		Last	First	Middle
Physical Address:				
		Street	Apt#	City Zip
Mailing Address:				
		Street	Apt#	City Zip
Primary Phone:		E-Mail:		
Water Utility Account number:				

HOUSING INFORMATION

Household members include everyone living in the home, regardless of age, whether or not they pay rent, and their relationship to applicant. Examples: roommates, relatives, tenants, children, friends, extended family members, etc.

Name (Last, First)	Date of Birth	Age	Race See below for codes	Sex 1-Male 2-Female	Relationship to You	Social Security Number	Gross Monthly Income	Income Source (employers name, Social Security, TANF, etc.)
					Myself		\$_____	
							\$_____	
							\$_____	
							\$_____	
							\$_____	

Codes for Race

HUD DEMOGRAPHIC OPTIONS	
1. White	2. Black African American
3. Asian	4. American Indian/ Alaskan Native
5. Native Hawaiian/Other Pacific Islander	6. American Indian/ Alaskan Native & White
7. Asian & White	8. Black African American & White
9. American Indian/Alaskan Native & Black/African American	10. Other Multi-Racial
11. Hispanic/ Latino	

Total number in household: _____ If more than 5, list other household members on a separate page.

Emergency Utility Water Payment Program Application

Source of income or benefits (please check all that apply):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Wages | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Child Support | <input type="checkbox"/> Adoption Support |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Pension/Annuity | <input type="checkbox"/> IRA | <input type="checkbox"/> VA |
| <input type="checkbox"/> Rental income | <input type="checkbox"/> Social Security/SSI | <input type="checkbox"/> Other: _____ | |

UTILITY WATER ACCOUNT INFORMATION

Do you have an overdue water bill? Yes _____ **or No** _____

Total amount of current bill: \$ _____

Past due amount (arrearage): \$ _____

HOUSING INFORMATION

Amount you pay for rent or mortgage: \$ _____ **If rent is subsidized (check one):**

- SHA HUD Straight Tax Credit-Hope VI

Housing Status:

- | | | |
|--|---|--|
| <input type="checkbox"/> Section 8 | <input type="checkbox"/> Scattered Site | <input type="checkbox"/> Norfolk Housing Authority |
| <input type="checkbox"/> Senior BOND | <input type="checkbox"/> Shelter + Care | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Minimum Rent-Public Housing | | |

Housing Type:

- Single Family Home 2, 3 or 4 Units Apt. Building Condo Mobile Home

REQUIRED INFORMATION

What is your primary language? _____

How did you hear about our services? Radio Television Newspaper Newsletter
 Utility Bill insert Website Family or friends Other _____

SIGNATURE

This application and supporting documentation are used to review eligibility for Utility (Water) Payment Assistance benefits and will **NOT** be shared with U.S. Citizenship and Immigration Services (USCIS). I authorize the City to use these materials to enroll me in assistance programs for which I am eligible. I am aware that my information is subject to review and verification and that other documentation may be required. I grant permission to request or release information to, or from, the Norfolk Redevelopment and Housing Authority, Sec 8 HUD, other government agencies, or their delegated agents; this may result in receipt or denial of City benefits. Submitting this application does not guarantee eligibility or enrollment in any programs. I certify that the information I provided is accurate and complete and that I may be subject to criminal prosecution if I have knowingly given false or misleading information. I understand that if I receive assistance and have not truly disclosed all information I will be terminated from the program(s) and the City may recover the actual cost(s) for the periods I was not eligible. I will notify the City of Norfolk if my income or living situation changes.

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may request an appeal. Submit complaints in writing to the Department of Human Services Programs Manager for resolution. Mail your request to the Department of Human Services at 201 E. Little Creek Road, Norfolk, VA 23505.

Signature:	Date:
-------------------	--------------

<p>Emergency Utility Water Payment Program</p> <p>Park Place Multi-Service Center Department of Human Services 606 W. 29th St. Norfolk, VA 23508</p> <p>Fax: (757) 664-7535</p>	<p>Mailing Address</p> <p>Workforce Development Center Department of Human Services 201 E. Little Creek Rd. Norfolk, VA 23505</p> <p>Information/request application: (757) 664-6035</p>
--	---