



# REQUIRED DOCUMENTS

United Way of Eddy County

## Help On Tap—Water Assistance Form

### Water Bill

The water bill **MUST** be your current bill; no older than 45 days, and **MUST** be in **YOUR** name (please bring the entire bill, not just the payment stub portion)

We cannot assist with deposits or bills from a previous residence, those that have been turned off for a number of months/years, or with reconnection fees

### ID's

Provide documentation for **EVERYONE** in the household

For **ADULTS** in the household, provide a **PHOTO ID**

For all minors (people under age 18), provide a Medicaid Card, Birth Certificate or School ID

No Social Security Cards will be accepted

### Proof of Income (for everyone in the household)

If working, provide **CHECK STUBS**

If receiving SSI, SSDI, unemployment, retirement pension, or any other source of income, provide an **award letter** or a print out of deposits into the account

If unemployed, provide the EBT award letter or a copy of the deposits into your bank account

The number of people in the household is one of the qualifiers for assistance, based on Federal Poverty Level Guidelines



United Way of Eddy County



# Help On Tap – Water Assistance



116 S. Canyon St • PO Drawer EE • Carlsbad, NM 88221

United Way of Eddy County

575-887-3504 Office • www.uweddyco.org

United Way of Eddy County

## NOTE: COMPLETE ALL SECTIONS LEGIBLY TO BE CONSIDERED FOR ASSISTANCE

### SECTION 1: PERSONAL INFORMATION

Last Name	First Name & Middle Initial
Address (PO Box, Street, City, State, Zip)	Primary Phone Number
Email Address	Date of Birth

### SECTION 2: INCOME/FAMILY INFORMATION

Total Monthly Income for everyone living in the home	Household Size
Income Source	Income Source

### SECTION 3: Water Bill Information

Please specify which water utility company you receive service from: \_\_\_\_\_

Account Number: \_\_\_\_\_

### SECTION 4: YOUR SIGNATURE

I understand that the information I provide will be used only to determine financial need, and will be kept confidential. I further understand that the information which I submit concerning my annual family income and family size is subject to verification, and if the information I have given is determined to be false, it may result in denial of the assistance for which I have applied.

My signature authorizes United Way of Eddy County to verify all information provided on this form. I certify that the above information is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

**Approved**     Yes  No      **Paid With**     Check     Credit Card

Most Recent Water Bill:

No late fees and amount over \$120 paid     Applicant Name the same as bill

Income Verification       ID's for everyone in the home

If yes, approved amount: \_\_\_\_\_

If no, reason for denial: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Comments: