



Greater Washington
Urban League

Empowering Communities.
Changing Lives.



EMERGENCY UTILITY ASSISTANCE
ON LINE
ELIGIBILITY INTAKE FORM
DC WATER

Application Date: _____

Name of Applicant: (Last) _____ (First) _____ (MI) _____

Address: _____ Zip Code: _____ Ward: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

E-Mail Address: _____

APPLYING FOR DC WATER ASSISTANCE
PLEASE BE MINDFUL THIS ASSISTANCE IS ONE TIME IN THE AMOUNT \$350

DC WATER: _____ CURRENT BILL BALANCE: _____ PAST DUE BALANCE: _____

Have You Applied for Utility Assistance from Other Organizations in the Past (3) Years: Yes _____ No _____

If You Answered Yes: Please Provide Which Organizations, You Received Assistance From – Month/Year & Which Utility:

1. _____
2. _____
3. _____
4. _____
5. _____



CURRENT EMPLOYMENT STATUS
(PLEASE CHECK ONE)

____ EMPLOYED/NAME OF EMPLOYER: _____

____ UNEMPLOYED/HOW LONG & REASON: _____

INCOME PER YEAR – (INCLUDE EVERYONE WORKING IN THE HOUSEHOLD)

Income Per Year: _____ Total Number of Household Members: _____

Total Number of Children in Household (18 and Under): _____

Total Number of Seniors in Household (65 and Older): _____

PLEASE MAKE SURE YOU MEET THE INCOME GUIDELINES LISTED BELOW
FEDERAL INCOME ELIGIBILITY GUIDELINES FOR GWUL/DC WATER EMERGENCY ASSISTANCE PROGRAM

<u>Household Size</u>	<u>Maximum Annual Income</u>
1	\$42,920
2	\$56,126
3	\$69,332
4	\$82,538
5	\$95,744
6	\$108,950
7	\$111,426
8	\$113,902

DOCUMENTS REQUIRED TO COMPLETE APPLICATION AFTER YOUR INITIAL INTAKE FORM IS COMPLETED

1. Photo ID
2. Social Security Cards – (For everyone 18 and over)
3. Birth Certificates – (For everyone 17 and under)
4. Proof of Income
5. Current Bill
6. Proof of Residence – (Lease or Mortgage Statement)
7. Letter of Hardship – (Stating circumstance for needing assistance)



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INTAKE – I
SPLASH PROGRAM
“SERVING PEOPLE BY LENDING A SUPPORTING HAND”
CHECK DOCUMENTATION YOU PROVIDED BELOW

Name of Applicant: (Last) _____ (First) _____ (MI) _____

PICTURE IDENTIFICATION:

____ Driver's License
____ Non-Driver's ID
____ Food Stamp ID
____ Passport
____ Other _____

FAMILY ELIGIBILITY:

____ Birth Certificates
____ School Documents
____ Court Papers
____ Tax Documents
____ Adoption Papers
____ Other _____

PROOF OF RESIDENCY:

____ Utility Bill
____ Lease
____ Mortgage Payment Booklet
____ Rent Receipts
____ Notarized Letter from Landlord
____ Letter from Landlord on Letterhead
____ Deed
____ Other _____

PROOF OF EMERGENCY:

____ Court Summons/Judgment
____ Disconnection/Interruption Notice Utility Co.
____ Other _____

PROOF OF REASON FOR DELINQUENCY:

____ Letter of Dismissal from Employer
____ Proof of Unemployment Claim
____ Proof of Medical Bills
____ Proof of Loss of Other Income
____ Budget Showing Insufficient Funds
____ Other _____

PROOF OF ABILITY TO PAY IN THE FUTURE:

____ Notarized Letter from Friend/Family Member Stating that they will Assist and Verification that they are Able to
Provide Financial Assistance
____ Letter from Employer
____ Award Notification Letter
____ Financial Analysis
____ Pay Stubs
____ Employment History
____ Other _____

GWUL Intake Representative: _____ Date: _____



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INTAKE – II
SPLASH PROGRAM
“SERVING PEOPLE BY LENDING A SUPPORTING HAND”
CLIENT INFORMATION

Name of Applicant: (Last) _____ (First) _____ (MI) _____

Social Security #: _____ Sex: (Male) _____ (Female) _____ Date of Birth: _____

Source(s) of Income – (Check all that apply): Documentation Required

____ AFDC/TANF ____ Employment ____ SSI ____ Social Security
____ Child Support ____ Retirement ____ Disability ____ Other _____

Race	Marital Status	Head-of-Household	Family Size	Veterans Status
____ African American	____ Married	____ Yes	# of Adults _____	____ Yes
____ Hispanic	____ Divorced	____ No	# of Children _____	____ No
____ White Non-Hispanic	____ Separated		# of Males _____	
____ Asian American	____ Single		# of Females _____	
____ Other	____ Widowed		Total _____	

Education: (Highest grade completed _____)

____ No HS Diploma/GED ____ HS Diploma ____ GED ____ College Degree ____ Graduate Degree ____ Certificate/Awards

Household Type: ____ S-Single ____ SP-Single Parent ____ TP-Two Parents ____ GP-Grandparent

HOUSEHOLD MEMBERS

Last Name	First Name	SSN (Last 4 Digit)	DOB	Age	Sex	Relationship to Applicant

GWUL Intake Representative: _____ Date: _____



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SPLASH PROGRAM
"SERVING PEOPLE BY LENDING A SUPPORTING HAND"
FINANCIAL NEED

Name of Applicant: (Last) _____ (First) _____ (MI) _____

Utility Information

Name on Account: _____ Account #: _____

Service Address: _____

Contact Person: _____

Financial Needs of Applicant

Monthly amount of utilities _____

Total amount delinquent on (utility) bill _____

Total contribution by applicant _____

Balance Needed _____

Amount Requested _____

How will applicant make future payments? (Use back of page if additional space is needed)

All information provided in this application is true and correct to the best of my knowledge. I understand that false statements of information could render my application invalid for funding consideration. I also understand that completion of this application does not guarantee the granting of funds. I authorize the GWUL and DC Water/SPLASH representatives to gather any necessary information from agencies or individuals involved in my case to qualify me for funds.

Client Signature _____ Date _____