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

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Maximum Annual Income</th>
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<tbody>
<tr>
<td>1</td>
<td>$42,920</td>
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<tr>
<td>2</td>
<td>$56,126</td>
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<tr>
<td>3</td>
<td>$69,332</td>
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<tr>
<td>4</td>
<td>$82,538</td>
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<tr>
<td>5</td>
<td>$95,744</td>
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<td>6</td>
<td>$108,950</td>
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<tr>
<td>7</td>
<td>$111,426</td>
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<tr>
<td>8</td>
<td>$113,902</td>
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**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)
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: ____________________________
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  _____ No  # of Males__________
_____ Asian American  _____ Single  _____ No  # of Females__________
_____ Other  _____ Widowed  _____ No  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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>SSN (Last 4 Digit)</th>
<th>DOB</th>
<th>Age</th>
<th>Sex</th>
<th>Relationship to Applicant</th>
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GWUL Intake Representative: __________________________ Date: __________________________
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 ____________________________