



Intake Staff: _____
 Case Manager: _____

WATER BILL RELIEF PROGRAM

In order to **qualify**, you **MUST reside in the home** at the time the Water and Wastewater bill is due. Funds will be made available on a first-come, first-served basis. Therefore, your application should be submitted as soon as possible.

The information being requested is only for program compliance with documentation, monitoring and auditing purposes, as required, and is not intended for public dissemination.

| APPLICANT INFORMATION | | |
|--|---|---------------------------------|
| Name: | | |
| Address: | | |
| City/State/Zip Code: | | |
| Phone Number: | E-mail: | |
| <input type="checkbox"/> Homewoner <input type="checkbox"/> Renter | | |
| Are you currently residing in the property? | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| HOUSEHOLD COMPOSITION | | |
| Total Number of Persons in Household: | | |
| INCOME OF EACH FAMILY MEMBER | | |
| If necessary, use reverse side for listing additional members. | | |
| List all Persons Living in the House Receiving Income | Source <small>(Salary, Pension, VA, Social Security, etc.)</small> | Annual Amount Before Deductions |
| | | |
| | | |
| | | |
| Total Income | | |
| Provide a brief description of why your household income was reduced as a result of the COVID-19 crisis. | | |
| | | |

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|--|
| <input type="checkbox"/> Enclose a copy of your most recent Water and Wastewater Service bill |
| <input type="checkbox"/> Enclose a copy of your Water and Wastewater Service Second and Final Notice |
| DEMOGRAPHIC INFORMATION |
| <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Native American/Other Pacific Islander |
| <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Black/African American and White |
| <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American |

I, the undersigned, hereby certify that the all information in this application is true and correct to the best of my knowledge as of this date. I am certifying that my household income was reduced as a result of financial hardship related to the COVID-19 crisis and have no other resources available to pay my water and wastewater service bill. I understand that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a violation of State and/or federal law. I also understand that ACDS may at any time request to see additional documentation to verify that the income and information reported on this form is accurate and correct, and I agree to provide such documentation if requested.

Signature

Date

Printed Name

Submit your application along with a copy of your most recent Water and Wastewater Service bill and a copy of your Water and Wastewater Service Second and Final Notice to:

E-mail: wbrp@acdsinc.org

Mail
Arundel Community Development Services, Inc.
2666 Riva Road, Suite 210
Annapolis, MD 21401
Attn: WBRP

Drop off your application at the drop box located outside the front of the building at the address above.

Fax to 410-222-7619, Attn: WBRP