



# CITY OF HOUSTON

## Application for W.A.T.E.R. Fund and Drainage Fund Assistance

\_\_\_\_ I request assistance with my **WATER/WASTEWATER CHARGES**. The W.A.T.E.R. Fund offers assistance to qualified single family residential customers. Payment is limited to a maximum of \$100.00 of assistance in a six (6) consecutive month period, and is dependent on the amount of funds available.

\_\_\_\_ I request assistance with my **DRAINAGE CHARGE**. The Drainage Fund offers assistance to qualified single family residential drainage customers. Payment is limited to a maximum of \$100.00 of assistance in a six (6) consecutive month period, and is dependent on the amount of funds available.

**Instructions:** Please complete each section below. Indicate N/A if the section does not apply to you.

**Return to: W.A.T.E.R. Fund and Drainage Fund**

**4200 Leeland Houston, TX 77023-3016**

**Applicant Name:** \_\_\_\_\_ **Telephone (Day):** \_\_\_\_\_

**Service Address:** \_\_\_\_\_ **Telephone (Evening):** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Texas Driver's License or ID:** \_\_\_\_\_ **A copy of the current bill(s) must be attached.**

**Water/Wastewater Account #:** \_\_\_\_\_ **Current amount of bill: \$** \_\_\_\_\_

**Drainage Account #** \_\_\_\_\_ **Annual Drainage Charge: \$** \_\_\_\_\_

____ <b>Low Income Disabled</b> (Proof of disability must accompany this application)	____ <b>Senior Citizen (60+)</b> (Photo ID must accompany this application)	____ <b>Other Low Income</b>
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**Service must be in the name of the applicant.** A copy of the birth certificate or Social Security card for **each** household member must be attached. Proof of total household income must accompany all applications.

Number of people living in the household (including yourself): \_\_\_\_\_

Are any household members employed by the City of Houston? YES \_\_\_\_\_ NO \_\_\_\_\_

<b>NAMES</b>	<b>BIRTHDATE</b>	<b>SOCIAL SECURITY #</b>

**DIVORCE VERIFICATION** I \_\_\_\_\_, acknowledge that I have been divorced for \_\_\_\_\_ months/years. I receive \$ \_\_\_\_\_ from \_\_\_\_\_, at telephone # \_\_\_\_\_.

**UNEMPLOYMENT SUPPORT VERIFICATION**

I \_\_\_\_\_, acknowledge that I have been unemployed since \_\_\_\_\_, and that I am receiving \$ \_\_\_\_\_ per month from \_\_\_\_\_ to help me meet living expenses. My last employer was \_\_\_\_\_, at Tel.# \_\_\_\_\_. I am unemployed because \_\_\_\_\_.

**INCOME VERIFICATION** Employed \_\_\_\_ Self-Employed \_\_\_\_ Not Employed \_\_\_\_ Retired \_\_\_\_

Company Name/Employer \_\_\_\_\_ Address \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that I have been employed since \_\_\_\_\_ as a \_\_\_\_\_. My income is \$ \_\_\_\_\_ per month, and I will verify this with an accountant's statement, 1040 or check stub.

Income Sources (money / wages / salary / other income)	Verification ( include copies)
Gross Monthly Income..... \$ _____	
Dividends & Interest..... \$ _____	Check Stubs _____
Welfare Payments..... \$ _____	SS Award Letter _____
Pensions & Annuities..... \$ _____	Notarized Letter _____
Unemployment Compensation..... \$ _____	AFDC 3087 _____
Other ( _____ )..... \$ _____	1040 Forms _____
Workman's Compensation..... \$ _____	W-2 Forms _____
Total Monthly Income..... \$ _____	Other (specify) _____
Less all medical bills not reimbursed by Insurance or Medicaid (elderly & disabled only) \$ _____	
<b>Total:</b> \$ _____	

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I am familiar with all the facts stated in this document and they are true and correct. Making false statements on this government record is subject to criminal prosecution under Chapter 37 of the Texas Penal Code. I certify that this application contains no false statements. I understand I may reapply for this benefit six (6) months after the initial W.A.T.E.R. Fund / Drainage Fund payment is posted to my water/wastewater or drainage account.**

\_\_\_\_\_  
 Signature – Applicant or Authorized Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Intake Location Code

**DO NOT MAKE ENTRIES BELOW THIS LINE. FOR CITY OF HOUSTON USE ONLY**

**Eligibility Determined:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Approved by:** \_\_\_\_\_

**Initial Award:** \$ \_\_\_\_ **Category:** Disabled \_\_\_\_ Senior Citizen \_\_\_\_ Other \_\_\_\_