



## 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 aids 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 aids 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.

**REQUIRED DOCUMENTS AND PROOF OF INCOME:**

1. Copy of City of Houston-Residential Water/Sewer and/or Drainage bills.
2. Current Award Letters of Social Security (SS), Supplemental Security Income (SSI), or VA disability benefit of **EVERY** person living in the home.
3. Current Award Letters for Veterans, Railroad or Teachers Pension of **EVERY individual living in the home**.
4. Current check stubs from employers of **EVERY** person living in the home.
5. Copy of Texas Driver's license or ID of applicant, and Social Security cards or birth certificates of **EVERY** household residents.

**Return the completed Application to Customer Account Services in one of the following ways:**

By email: [WATER.FUND@houstontx.gov](mailto:WATER.FUND@houstontx.gov)

By fax: (713) 371-1069 Attention: W.A.T.E.R. Fund and Drainage Fund

By mail: Customer Account Services: W.A.T.E.R. Fund P.O. Box 4863, Houston, TX 77210

**Instructions:** Please complete all sections below. **Do not leave any line blank**, indicate not applicable (N/A) if the section does not apply to you. ***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>Low Income Disabled</b>   | ____ <b>Senior Citizen (60+)</b>  | ____ <b>Other Low Income</b>   |
|---|---|--|
| <b>Proof of disability must accompany this application</b>  | <b>Photo ID must accompany this application</b>                                 | <b>Photo ID must accompany this application</b>  |
| <b>Proof of income at or below Health and Human Services Poverty Guidelines and head of household</b> | <b>Proof of income at or below Health and Human Services Poverty Guidelines</b> | <b>Preference to those who have met Health and Human Services Poverty Guidelines for minimum of three + months</b> |

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

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

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

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

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

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

**DIVORCE VERIFICATION** I \_\_\_\_\_, acknowledge that I have been divorced for \_\_\_\_\_ months/years. I receive \$ \_\_\_\_\_ from \_\_\_\_\_, at telephone no. \_\_\_\_\_.

**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 \_\_\_\_

Employer's Name: \_\_\_\_\_

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.

| NAMES | BIRTHDATE | SOCIAL SECURITY # |
|-------|-----------|-------------------|
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| Copies of Income Sources (money / wages / salary / other income for every household member. |          |                  |       |
|---|----------|------------------|-------|
| Gross Monthly Income.....   | \$ _____ | Check Stubs      | _____ |
| Dividends & Interest.....   | \$ _____ | SS Award Letter  | _____ |
| Welfare Payments.....   | \$ _____ | Notarized Letter | _____ |
| Pensions & Annuities.....   | \$ _____ | AFDC 3087        | _____ |
| Unemployment Compensation.....  | \$ _____ | 1040 Forms       | _____ |
| Other ( _____ )   | \$ _____ | W-2 Forms        | _____ |
| Workman's Compensation.....   | \$ _____ | Other (specify)  | _____ |
| Total Monthly Income.....   | \$ _____ |                  |       |
| Less all medical bills not reimbursed by Insurance or Medicaid (elderly & disabled only)    | \$ _____ |                  |       |
| <b>Total: \$ _____</b>  |          |                  |       |
| Comments:<br>_____<br>_____   |          |                  |       |

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. Eligibility decisions for W. A. T. E. R. Fund are not subject to appeal.

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

 \_\_\_\_\_  
 Date

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

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

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