



METROCARE WATER ASSISTANCE PROGRAM

Date: _____

Applicant SSN Number: _____

Section 1: Primary Account Holder Information

Place the primary DPU Water Account holder's information in the space below.

Full Name:			
Service Address:	City:	State: VA	Zip:
Phone / Email:	Primary:	Email:	
DPU Account No.:	Amount Needed: \$ _____ (Provide Copy of Bill)		

Section 2: Household Information **Proof of Income is required from all sources.**

Please list all members living in the home within the space(s) below. Continue on a separate page if more than five.

Full Name	Age	Disabled?	Relation to Applicant	Monthly Income	Source of Income (Wages, SSI, TANF, etc.)
			Self	\$	
				\$	
				\$	
				\$	
				\$	

Section 3: Housing Information **Proof of Residency is required.**

Complete the information below. (Check all that apply)

Amount of Mortgage or Rent: \$ _____	Mortgage Company _____
Housing Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Rent is subsidized Landlord _____	
Did You Receive Water Assistance Last Year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How do you Heat your residence? <input type="checkbox"/> DPU-Gas <input type="checkbox"/> Dominion <input type="checkbox"/> Boisseau-Oil <input type="checkbox"/> Woodfin Oil <input type="checkbox"/> Other	
REASON FOR REQUEST: (Explain; Job loss, Serious illness, Increase in expenses, etc.) _____	
Can you make a contribution at this time towards payment of your bill? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how much? \$ _____	
<i>Note: MetroCare Water Assistance Program does not pay deposits, recycling and solid waste charges.</i>	
<input type="checkbox"/> _____ Applicant grants permission for Agency to request and track financial assistance history. (Check box and initial)	

Statement of Applicant: I certify that the information provided herein is accurate to the best of my knowledge. I am both the resident and the customer of record of the premises for which application is made. I understand that providing false information may result in disqualification of eligibility for the MetroCare Water Assistance Program. I am aware that other documentation may be required. I authorize the Agency permission to verify the information provided above.

Third Party Designee: Do you want to allow another person to complete this form for you? ☐ If Yes (Complete Below) ☐ No
Designee's Name: _____ Phone No. _____

Applicant Signature: _____

Date: _____

FOR AGENCY USE ONLY:

☐ **APPROVED FOR PROCESSING**

Water/Wastewater Charges: \$ _____
Customer Contribution: \$ _____

MetroCare WAP Credit Amount: \$ _____

Agency: _____ **Location:** _____ **Phone:** _____

Manager Signature _____

☐ **DENIED (See Below)**

- ☐ Already Received Assistance
- ☐ Over Income
- ☐ Bad Debt – Collections; High Balance
- ☐ Account is Inactive
- ☐ Other – DPU Determination