



Please read the following program eligibility requirements and rules before completing and submitting your application:

- Recipients of services must be income eligible per U.S. Department of Housing and Urban Development (HUD) definitions (24 CFR 570.3) and per published income limits which can be found at <http://www.huduser.org/datasets/il>.
- Assistance to an individual, family or household shall be provided one time only.
- If the maximum program assistance of \$300.00 does not result in the guaranteed continuance of services, then no assistance shall be provided. For example, if payment of \$300.00 does not guarantee that water service will not be shut-off or terminated the assistance will not be made available.
- All fines and fees related to late payments on an account shall be disallowed by this program.
- Assistance payments are not available for water deposits of any kind.
- Assistance payments will be made directly to the water provider and no payments shall be made directly to the qualified person, family or household.
- Any illegal acts related to the consumption of items or services shall immediately disqualify the applicant from assistance. Examples include tampering with water meters or illegal connections to water services.
- No assistance may be provided to any person, family or household that is currently a Section 8, Housing Choice Voucher or Public Housing participant.
- Applicants (or any persons in the household) who are convicted felons, who are incarcerated or who have not had their civil rights restored, are not eligible to participate or receive funding from this program.
- Applicants (or any persons in the household) who have registered, or are required to register, as level two or level three sex offenders under Arizona Revised Statutes, Title 13, Chapter 38, Article 3 are not eligible to participate in or receive funding from this program.
- Financial assistance is not available to persons who are not in eligible status with respect to citizenship or noncitizen immigration status per regulations at 24 CFR 5.50.
- Applicants will be required to acknowledge that the City may verify any or all of the information provided by the applicant in connection with the application.
- Applicants will be required to acknowledge that the City may remove the applicant from the program and seek a refund of any monies paid if the City determines that any statement or information provided by the applicant is false or fraudulent.



Water Payment Assistance Program

Dear Peoria Resident:

Thank you for your interest in the City's Water Payment Assistance Program. This program is designed to assist eligible Peoria residents with water payments. The Water Payment Assistance Program receives funding from the Federal government; therefore, all requested information must be provided in order for applications to be considered. Incomplete applications will be returned.

To prevent delays in the application process, please return the attached application along with the following:

Proof of Lawful Presence in the United States – please see a list of acceptable documents attached.

Proof of income:

- Copy of current federal tax return (2012)
- Copies of **two consecutive months** of pay stubs (most recent)
- Social Security Award Letter, if applicable
- Copy of record of child support and/or alimony received or payable, if applicable
- Any other income including assistance through the Department of Economic Security (DES). Please provide a case number if applicable.

Bill – Most Current

If you have questions regarding this application, please contact our Neighborhood Improvement Specialist at 623-773-7667.

The City of Peoria does not discriminate against any individual or program applicant on the basis of race, religion, color, sex, sexual orientation, gender identity, marital status, age, handicap, familial status or national origin.



**AFFIDAVIT DEMONSTRATING LAWFUL
PRESENCE IN THE UNITED STATES**

CO-APPLICANT

ARS §1-502 requires that any person who applies to the City for a local public benefit (defined as a grant, contract, or loan) must demonstrate through the presentation of the following documents that he/she is lawfully present in the United States.

LAWFUL PRESENCE IN THE UNITED STATES CAN BE DEMONSTRATED BY PRESENTATION OF:

One (1) document from List A, or
One (1) document from List B **and** one (1) document from List C

All documents must be unexpired

LIST A Documents that establish both identity and lawful presence	LIST B Documents that establish identity	List C Documents that establish lawful presence
<input type="checkbox"/> Arizona driver's license or ID card issued on or after 1996 First 4 numbers/letters: _____	<input type="checkbox"/> Arizona driver's license or ID card issued prior to 1996 First 4 numbers/letters: _____	<input type="checkbox"/> Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States Last 4 numbers: _____
<input type="checkbox"/> U.S. Passport or U.S. Passport Card First 4 numbers/letters: _____	<input type="checkbox"/> Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address First 4 numbers/letters: _____ Issuing state: _____	<input type="checkbox"/> Certification of Birth Abroad issued by the Department of State (Form FS-545) Year of birth: _____ Place of birth: _____
<input type="checkbox"/> Permanent Resident Card or Alien Registration Receipt Card (Form I-551) First 3 alien resident numbers: _____	<input type="checkbox"/> School ID card with a photograph First 4 numbers of ID: _____ Name of school: _____	<input type="checkbox"/> Certification of Report of Birth issued by the Department of State (Form DS-1350) Year of birth: _____ Place of birth: _____
<input type="checkbox"/> Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa First 4 numbers/letters on passport: _____ Passport valid through: _____ First 4 numbers/letters on Visa: _____	<input type="checkbox"/> Voter's registration card First 4 numbers: _____	<input type="checkbox"/> Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal Year of birth _____ Place of birth _____
<input type="checkbox"/> Employment Authorization Document that contains a photograph (Form I-766) First 4 numbers/letters of doc.: _____	<input type="checkbox"/> U.S. Military card or draft record First 4 numbers: _____	<input type="checkbox"/> U.S. Citizen ID Card (Form I-197) First 4 numbers: _____
<input type="checkbox"/> In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form First 4 numbers of I-94: _____	<input type="checkbox"/> U.S. Coast Guard Merchant Mariner Card First 4 numbers: _____	<input type="checkbox"/> Identification card for use of resident citizen in the United States (Form I-179) First 4 numbers: _____
<input type="checkbox"/> Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 indicating nonimmigrant admission under the Compact of Free Association between the United States the FSM or RMI First 4 numbers of passport: _____	<input type="checkbox"/> Native American tribal document Date of issuance: _____ Name of Tribe: _____	<input type="checkbox"/> Employment authorization document issued by the Department of Homeland Security First 4 numbers: _____
	<input type="checkbox"/> Driver's license issued by a Canadian government authority First 4 numbers/letters: _____	<input type="checkbox"/> Refugee travel document Date of Issuance: _____ Refugee Country: _____
		<input type="checkbox"/> United States Certificate of Naturalization First 4 numbers of CIS Reg. No. _____

In accordance with the requirements of State Law, I do swear or affirm under penalty of perjury that I am lawfully present in the United States and that the document(s) I presented to establish this presence is true and correct.

Applicant's Signature Date

Document(s) verified by:

Initial Date



Water Payment Assistance Program Application for Assistance

Applicant Information				Co-Applicant Information (if applicable)				
Full Name				Full Name				
Birthdate				Birthdate				
Home Address				Home Address				
City	State	Zip Code	Years at address	City	State	Zip Code	Years at address	
Home Phone #		Other Phone #		Home Phone #		Other Phone #		
HOUSEHOLD INFORMATION (Please include all members of the household)								
	Applicant		Co-Applicant		Occupant		Occupant	
Please print name								
Last 4 digits of Social Security Number								
Monthly Gross Income								
Wages, Salary	\$		\$		\$		\$	
Social Security	\$		\$		\$		\$	
Retirement/Pension	\$		\$		\$		\$	
Disability Income	\$		\$		\$		\$	
Veteran's Admin	\$		\$		\$		\$	
DES Cash Assistance	\$		\$		\$		\$	
DES Food Stamps	\$		\$		\$		\$	
Alimony/Child Support	\$		\$		\$		\$	
Other	\$		\$		\$		\$	
Total Annual Income from above sources	\$		\$		\$		\$	
Female Head of Household?	Yes	No						
Disabled?	Yes	No	Yes	No	Yes	No	Yes	No
Elderly (62+)?	Yes	No	Yes	No	Yes	No	Yes	No



Number of persons living in household: _____

What circumstances caused you to become delinquent with your water bill payment? (Use back of form if necessary.)

EMPLOYMENT INFORMATION

Applicant

Employer Job Title Phone Number

Address City Zip code Wage Hrs. per wk. Hire date

Gross monthly income: \$_____ How are you paid? Weekly Bi-weekly Monthly

Additional Employment Job Title Wage Hrs. per wk. Hire date

Previous Employer Job Title Length of employment

Co-Applicant

Employer Job Title Phone Number

Address City Zip code Wage Hrs. per wk. Hire date

Gross monthly income: \$_____ How are you paid? Weekly Bi-weekly Monthly

Additional Employment Job Title Wage Hrs. per wk. Start date

Previous Employer Job Title Length of employment



RACE AND ETHNICITY DATA:

Home Occupant Information

The City of Peoria collects occupant information so we may ensure that our programs benefit all Peoria residents regardless of race, gender, physical ability or sexual orientation. This information will not affect your grant eligibility in any way.

For each occupant of the home, use the following code for race:

Race Codes

American Indian or Alaskan Native = 1

American Indian or Alaskan Native &

Black or African American = 2

American Indian or Alaskan Native & white = 3

Asian = 4

Asian & white = 5

Black or African American = 6

Black or African American & white = 7

Native Hawaiian or other Pacific Islander = 8

Other multi racial = 9

White = 10

Name List yourself first	Relationship to you	Race code from above	Hispanic Heritage? Yes/No



CONSENT AND ACKNOWLEDGEMENT

1. Have you ever received financial assistance from the City of Peoria? Yes No
(e.g., emergency home rehabilitation or utility assistance)

If yes, please describe: _____

2. List other names you have used in the past or are currently using, including maiden and/or married names:

3. List other Social Security numbers you have used in the past or are currently using:

4. Have you ever committed an illegal act related to the consumption of water services (e.g. illegal connections to water services, tampering with water or utility meters, etc.) Yes No

If yes, please describe: _____

5. Are you currently a Public Housing or Section 8 (Housing Choice Voucher) participant? Yes No

6. If approved, will water assistance provide for the continuation of all services? Yes No

If no, please explain: _____

7. Are you, or anyone residing in the residence, a convicted felon who is incarcerated or has not had his or her civil rights restored?

Please write your answer as yes or no: _____

8. Are you, or anyone residing in the residence, registered or required to register as a level two or level three sex offender under Arizona Revised Status, Title 13, Chapter 38, Article 3?

Please write your answer as yes or no: _____

Applicant Signature

Date

Co-Applicant Signature

Date



FOR OFFICE USE ONLY

Income Data:

Very Low (30%)	
Low (50%)	
Moderate (80%)	
TOTAL	

Other Data:

Female Headed Household	
Elderly (Age 62 or older)	
Handicapped/Disabled	