

## Veolia Water Application for Delaware Residents

### APPLICANT INFORMATION

<b>First Name</b>	<b>Last Name</b>	<b>Email Address</b>
-------------------	------------------	----------------------

**Date of Birth**

### MAILING ADDRESS INFORMATION

<b>Street Address</b>	<b>Apartment/Unit #/Floor (if applicable)</b>
-----------------------	---

<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
-------------	--------------	-----------------	---------------

### SERVICE ADDRESS INFORMATION

Check here if the service address is the same as the mailing address above. If the same, do not fill below.

<b>Street Address</b>	<b>Apartment/Unit #/Floor (if applicable)</b>
-----------------------	---

<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>
-------------	--------------	-----------------	---------------

### DEMOGRAPHICS HEAD OF HOUSEHOLD INFORMATION

**Is applicant the head of household?** (This is the person responsible for the household bills)  Yes  No

**Head of household marital status**     Married     Single     Separated/ Divorced     Widow/Widower

**Head of household age**     18-49     50-59     60+

**Is head of household a U.S. Veteran?**     Yes     No

**Head of household gender**     Male     Female     Other     Decline to answer

**Head of household race**     Alaska Native     American Indian     Asian     Black or African American

Mixed Race     Native Hawaiian     Other Pacific Islander     White     Decline to answer

**Head of household ethnicity**     Hispanic or Latino     Not Hispanic or Latino     Other     Decline to answer

**Head of household other characteristics**     None     Single Parent     Grandparent with child

Widow/Widower     Other \_\_\_\_\_

## DEMOGRAPHICS

### APPLICANT INFORMATION (Fill out only if Applicant is not Head of Household)

- Marital status of applicant**     Married     Single     Separated/ Divorced     Widow/Widower
- Age of applicant**     18-49     50-59     60+
- Is applicant a U.S. Veteran?**     Yes     No
- Applicant gender**     Male     Female     Other     Decline to answer
- Applicant race**     Alaska Native     American Indian     Asian     Black or African American     Mixed Race  
 Native Hawaiian     Other Pacific Islander     White     Decline to answer
- Applicant ethnicity**     Hispanic or Latino     Not Hispanic or Latino     Other     Decline to answer
- Applicant other characteristics**     None     Single Parent     Grandparent with child     Widow/Widower  
 Other \_\_\_\_\_

## RESIDENCE INFORMATION

- Applicant Age 65+     Applicant Receives Social Security Disability     Rent     Own
- How long have you lived at current residence?** \_\_\_\_\_
- How is the residence heated?**     Gas     Electric     Oil     Propane     Other \_\_\_\_\_
- Number of people who live in the household (by age)**
- 0-6 Years \_\_\_\_\_    7-17 Years \_\_\_\_\_    18-49 \_\_\_\_\_    50-59 Years \_\_\_\_\_    60+ Years \_\_\_\_\_

## MISCELLANEOUS INFORMATION

- Phone number** \_\_\_\_\_  Cell     Home    **Phone number** \_\_\_\_\_  Cell     Home
- I agree to receive SMS text messages related to my application or other assistance I may be eligible to receive.
- Why do you need help?**     Medical/Health     Unemployed     Reduced Hours/Change in employment  
 Other \_\_\_\_\_
- Primary language (if other than English)** \_\_\_\_\_
- How did you hear about SHARES?**     Referral from Utility Company     Community Organization     Friend  
 Elected Official     SHARES Outreach     Other \_\_\_\_\_

**UTILITY INFORMATION**


<b>Utility account holder name and utility account number</b>
<b>Utility bill balance</b>
<b>Date &amp; amount of last payment</b>

**SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ASSISTANCE.  
 EVEN IF ASSISTANCE IS PROVIDED IT IS VERY IMPORTANT YOU KEEP MAKING PAYMENTS.**

<p><b>VERIFICATION OF INFORMATION/PRIVACY RELEASE</b></p> <p><i>The personal information you provide when applying for an assistance program with SHARES is used to facilitate an assistance application. Submitting your information indicates that you have read and agree to the following:</i></p> <p><i>By signing, I certify that the information given in and attached to this application is true, complete, and correct. I am aware and understand that if any information contained in or attached to this application is willfully false, that I am subject to criminal prosecution. I understand that I must provide the required documentation and any additional requested documentation within 10 business days in order to proceed with the application process. I hereby authorize my utility provider(s) to release my customer account information, including usage, payment history, and participation in other utility grant programs to SHARES for the purpose of processing my SHARES application and monitoring the progress of my utility account(s). I understand that the information in this application may be shared to ensure access to all assistance programs for which I may be eligible. This authorization shall expire one year from the date the SHARES application is signed.</i></p>	
<b>Applicant Signature</b>	<b>Date</b>

**FOR AGENCY USE ONLY**

<b>Date</b>	<b>Agent/Representative Name</b>	<b>Agency Name &amp; Location</b>