

Veolia Water Application for Pennsylvania Residents

APPLICANT INFORMATION

First Name	Last Name	Email Address
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Date of Birth

MAILING ADDRESS INFORMATION

Street Address	Apartment/Unit #/Floor (if applicable)
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City	State	Zip Code	County
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SERVICE ADDRESS INFORMATION

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

Street Address	Apartment/Unit #/Floor (if applicable)
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City	State	Zip Code	County
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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 _____

INCOME INFORMATION

(THIS SECTION IS REQUIRED ONLY IF APPLYING FOR THE VEOLIA WATER CUSTOMER ASSISTANCE PROGRAM)

- Total Adults (18+ years) in the household** _____ **How many adults have income in the household** _____
- Number of adults that do not have income** _____ **(Complete form on last page for adults with no income.)**
- Income Source** Employment Pension Social Security with Medicare Social Security without Medicare
 Disability Unemployment Child Support Rental Income Other _____
- Income for each adult household member (Adult #1)**
- Weekly – Amount 1: \$ _____ Amount 2: \$ _____ Amount 3: \$ _____ Amount 4: \$ _____
- Every 2 Weeks – Amount 1: \$ _____ Amount 2: \$ _____ Amount 3: \$ _____
- Twice a Month – Amount 1: \$ _____ Amount 2: \$ _____
- Monthly – Amount 1: \$ _____

Income for each adult household member (Adult #2)

- Weekly – Amount 1: \$ _____ Amount 2: \$ _____ Amount 3: \$ _____ Amount 4: \$ _____
- Every 2 Weeks – Amount 1: \$ _____ Amount 2: \$ _____ Amount 3: \$ _____
- Twice a Month – Amount 1: \$ _____ Amount 2: \$ _____
- Monthly – Amount 1: \$ _____

If additional household members have income, please use page 5 of the application.

If you are approved for the monthly discount, would you be interested in signing up to receive a water conservation kit? Yes No

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


Utility account holder name and utility account number
Utility bill balance
Date & amount of last payment (Applicable if applying for Veolia Cares Program)

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

VERIFICATION OF INFORMATION/PRIVACY RELEASE

*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:
 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.*

Applicant Signature	Date
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FOR AGENCY USE ONLY		
Date	Agent/Representative Name	Agency Name & Location

(Additional Income, if applicable)

Income for each adult household member (Adult #3, if needed)

- Weekly – Amount 1: \$_____ Amount 2: \$_____ Amount 3: \$_____ Amount 4: \$_____
- Every 2 Weeks – Amount 1: \$_____ Amount 2: \$_____ Amount 3: \$_____
- Twice a Month – Amount 1: \$_____ Amount 2: \$_____
- Monthly – Amount 1: \$_____

Income for each adult household member (Adult #4, if needed)

- Weekly – Amount 1: \$_____ Amount 2: \$_____ Amount 3: \$_____ Amount 4: \$_____
- Every 2 Weeks – Amount 1: \$_____ Amount 2: \$_____ Amount 3: \$_____
- Twice a Month – Amount 1: \$_____ Amount 2: \$_____
- Monthly – Amount 1: \$_____

Income for each adult household member (Adult #5, if needed)

- Weekly – Amount 1: \$_____ Amount 2: \$_____ Amount 3: \$_____ Amount 4: \$_____
- Every 2 Weeks – Amount 1: \$_____ Amount 2: \$_____ Amount 3: \$_____
- Twice a Month – Amount 1: \$_____ Amount 2: \$_____
- Monthly – Amount 1: \$_____

Zero Income Affirmation

This page is to be completed and signed by the applicant when applying for the Veolia Water Customer Assistance Program and if there are adult household members without income.

I affirm that the following adult household members have zero income and do not contribute to my household expenses:

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Print First Name

Print Last Name

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Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

--	--

Print First Name

Print Last Name

Applicant Signature: _____

Date: _____