

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 _____
For each adult household member 18+ years, please complete the income section below. For adults without income, please complete the zero income affirmation on page 5.
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.

RELEASE OF CLAIMS

I further understand that this application does NOT create a contract between myself and SHARES but is submitted in order to obtain financial assistance. I understand that assistance may not be awarded, or it may not be accepted by the recipient. I agree that I will not bring a claim against SHARES for any failure to provide assistance under any program administered by SHARES and hereby Release any claim against SHARES related in any way to the processing, verification, and administration of my application or the issuance of financial assistance.

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 by the applicant when there are adult household members 18+ years without income. This is not required if only applying for Veolia Cares Program.

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

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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

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Print First Name

Print Last Name



SUBMITTING DOCUMENTATION

For the security of personal information, we highly discourage emailing or faxing any personal documentation. The most effective method of submitting documentation is to upload it directly to your SHARES application as follows:

1. Go to <https://apply.sharesnation.org>.
 2. The login section is on the left side of the screen, enter your email address. (Be sure to use the same email address as you used to submit the application.) Click Login to receive an email from SHARES.
 3. Check your email (including your junk or spam folder if the email is not received within a couple of minutes) and click on the blue box "Login".
 4. Open the current application and upload documents by clicking on the buttons +Choose File or +Add Another File.
 5. Once all the required documentation is uploaded, a blue box labeled "**Finish Uploading Documents**" will start flashing and wiggling. Click on it to complete the upload. ****VERY IMPORTANT**** If it is not clicked, your documentation is considered incomplete, and your application may automatically get rejected.
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For those who do not have access to a phone/computer and email, you can mail the documentation by sending it to the address below. Please note, mailing documents will cause a delay in the processing of your application.

SHARES
203 Main St., Suite B
PMB #396
Flemington, NJ 08822

CHECKING YOUR SHARES APPLICATION STATUS

You do not have to call us to find out the application status. You can check the status of your application anytime which is updated in real time by following the below steps. We will contact you via phone, text, or email if any documents are required. Kindly reply appropriately.

1. Go to <https://apply.sharesnation.org>.
2. In the login area on the left side of the screen, enter your email address. (Be sure to use the same email address as you used to submit the application.) Click Login to receive an email from SHARES.
3. Check your email (including your junk or spam folder if the email is not received within a couple of minutes) and click on the blue box “Login”.
4. Your application will have one of the following statuses before the final approval or rejection.

STATUS	MEANING
SUBMITTED	This is the initial status when an application is sent to SHARES and has not been reviewed by the processing team. When application volume is high it can take some time for applications to be reviewed.
CURRENTLY UNAVAILABLE	This status indicates the grant was not available at the time of submission. If applying for multiple grants, there may be different statuses depending on availability – grants available will show as “Submitted”, while grants not available will show as “Currently Unavailable.” We encourage you to keep trying as availability fluctuates throughout the day.
SUBMITTED - DOCS REQUESTED	The application and documentation have been reviewed, and further information/documentation is required for our staff to continue reviewing the application. The request is sent via email, text and/or phone.
SUBMITTED – CLIENT RESPONDED	The applicant has uploaded the requested documentation and clicked on the “ Finish Uploading Documents ” button. This is an indication to our staff that the required information/documentation has been uploaded and ready for review.

PENDING	All documentation has been received and needs to be reviewed by a second staff member before sending the account information to the utility company and/or creditor.
INFORMATION REQUESTED FROM UTILITY	Applicant has applied for utility assistance; the staff has sent the account information to the utility company to be verified.
INFORMATION REQUESTED FROM CREDITOR	Applicant has applied for rent, mortgage or property tax assistance; the staff has sent the account information to be verified by the landlord, mortgage company or property tax agency.
UTILITY REVIEW IS COMPLETED	The account information has been reviewed by the utility company and sent back to SHARES for next steps.
AWAITING MEDICAL NOTE	The utility company has verified that they do not have an active medical note on file. A doctor's note verifying electric-powered medical equipment is used in the household must be provided to the UTILITY COMPANY.
BALANCE UNDER \$100	The utility company has indicated that the balance due on the account is below \$100. A decision to accept the grant by the applicant is required to be made within three days of our request. If no response is received, we move forward with the grant as is.
BALANCE UNDER \$30	The utility company has indicated that the balance due on the account is below \$30. A decision to accept the grant by the applicant is required to be made within three days of our request. If no response is received, we move forward with the grant as is.
FINAL REVIEW	Applicant has applied for rent, mortgage or property tax assistance. All documentation has been received from all parties. Final housing information will be verified. A final review is the final step to determine if the application is approved or denied.