203 Main Street
Ste. B, PMB #396
Flemington, NJ 08822
T: 888-942-8080

Veolia Water
Application for Pennsylvania Residents

APPLICANT INFORMATION

First Name **Last Name** **Email Address**

Date of Birth

MAILING ADDRESS INFORMATION

Street Address **Apartment/Unit #/Floor (if applicable)**

City **State** **Zip Code** **County**

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)**

City **State** **Zip Code** **County**

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 _____

SHARES

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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 _____ 50-64 Years _____ 65+ 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: $_____

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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 householdhold members have income, please use page 5 of the application.

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

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

Please list any government assistance/benefits that your household receives. _____

_____

UTILITY INFORMATION

VEOLIA	
Utility account holder name and utility account number	
Utility bill balance	
Date & amount of last payment (Applicable if applying for Veolia Cares Program)	
Has a shut off notice been issued? ☐ Yes ☐ No	**Are your services currently shut off? ☐ Yes ☐ No**
Please list the names of the other utility companies that serve your household.	

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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**

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: $_____

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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

Print First Name	Print Last Name
Print First Name	Print Last Name
Print First Name	Print Last Name
Print First Name	Print Last Name
Print First Name	Print Last Name