

Maine Water Assistance Program Application

1. Primary Applicant (Primary Applicant is First name, Middle name, Last name, and suffix		Water or wa	ste water ac	2.County
Mailing Address (PO Box, Street #, Apartment #,		Home Phone		
Physical Address if Different (Street, House #, Apartment #, Town, State, and Zip)			Day / Mess	sage Phone
2. Water/Waste Water Account (Please p	2.7.,	rrent bill)		
Your Current Water/Waste V	Vater Provider			
Name on your Water/Waste V	Water Account			
Acc	count Number			
Is your Water currently MaineHousing will verify disconnection with the U	l l		Yes	No
Is your Water or Waste Water account bala	ccount balance past due? Yes No			No
3. List anyone living in your home (Plea Passport as proof of citizenship or documentation	* **		•	
Name	Social Security Number		Date of Birt	th Disabled
Self:				Yes No
				Yes No
			10.11. 14. 14. 14. 14. 14. 14. 14. 14. 14.	Yes No
				Yes No
				Yes No
4. Does anyone in your household rece your determination or award letter)	eive one of the benef	fits listed l	below? (P	Please provide a copy of

5. Income Information (If you checked any boxes in #4 please skip #5 Income Information)							
Income is money or contributions paid to or for, someone in your home. Please provide the income received in the last							
30 days for all those living in your home. Please provide documentation (pay stubs, tax return, benefit letter)							
SOME EXAMPLES OF INC		S:					
- Employment wages, includ				Compensation			
- Child Support and/or Alim				urity/Disability Income/SSI			
- TANF and/or State Supple				retirement accounts			
- Self -Employment Income,		business you own		assistance payments			
- Unemployment compensation - Adoption Subsidy							
My household currently has no source of income							
Name: Name of Income Source:							
Contact Information:							
į	\$	T L					
Gross Amount Earned:	Ψ	Weekly	Bi-Weekly	Monthly			
Name: Name of Income Source:							
Contact Information:							
Gross Amount Earned:	\$	NY7 1 1	D: W 11 -	Mandala			
Name:		Weekly	Bi-Weekly	Monthly			
Name of Income Source:							
Contact Information:							
Gross Amount Earned:	\$	W7 1 1	D: W/11-	Dr del-			
		Weekly Housing") does no	Bi-Weekly	of race color religion sex sexual			
Maine State Housing Authority ("MaineHousing") does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, physical or mental disability, age, familial status or receipt of public assistance in the admission							
or access to or treatment in its programs and activities. In employment, MaineHousing does not discriminate on the basis of race,							
color, religion, sex, sexual orientation, national origin, ancestry, age, physical or mental disability or genetic information.							
MaineHousing will provide appropriate communication auxiliary aids and services upon sufficient notice. MaineHousing will also							
provide this document in alternative formats upon sufficient notice. MaineHousing has designated the following person responsible							
for coordinating compliance with applicable federal and state nondiscrimination requirements and addressing grievances:							
Lauren Bustard, Maine State Housing Authority							
26 Edison Drive, Augusta, Maine 04330-6046,							
Telephone Number 1-800-452-4668 (voice), (207) 626-4600 (voice) or 711 (Maine Relay)							
You Must Sign Your Application							
I agree to report, within 10 days, all changes, including but not limited to: physical or mailing address, members of my							
				g statements or omissions may			
result in: federal, state, and							
requirement that I repay any extra benefits received; and disqualification from receiving future assistance.							
By applying for Maine Water Assistance, I give MaineHousing permission to obtain any data about utility charges,							
payment history and other account information from my water or wastewater utility company, or companies. I							
authorize the utility company, or companies to provide this information to MaineHousing.							
Applicant Signature:	,,			Date:			
Other Signature:(Complete if other member is water/waste water account holder) Date:							

Send completed application along with your water/waste water bill and either benefit letter or proof of income to: MaineHousing, Energy & Housing Services, 26 Edison Drive, Augusta, ME 04330 or email Water@mainehousing.org

Incomplete applications will not be accepted. They will be returned for completion.

If you have any questions, please contact MaineHousing at 1-888-623-6762.