

# HAVASU LOW-INCOME ASSISTANCE PROGRAM

## APPLICATION FOR A CREDIT OF \$10.00 PER MONTH



### Residential Low-Income Assistance Program

Offered by EPCOR & administered by the Sun City Community Action Network (SCCAN)  
(Only for residential customers)

New Application       Re-Enrollment Application

### SECTION 1: CUSTOMER FILL-IN INFORMATION

#### Customer Account Number \_\_\_\_\_

Located at the top of your wastewater bill **or** provide the name of the HOA, apartment complex or mobile home park

Your Name \_\_\_\_\_ Number of Persons in Your Household \_\_\_\_\_

As it appears on your wastewater bill **or** as appearing on valid identification

Your Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Where you receive wastewater service

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Where you receive your wastewater bill if different from Home Address. Persons residing in an HOA, apartment complex or mobile home park cannot have an address different from the Home Address.

Daytime Telephone Number \_\_\_\_\_

Please include Area Code

Are you already receiving a low-income assistance credit on your monthly EPCOR water bill?     Yes     No

If you are already receiving low-income assistance from another utility for your electric or gas bill, please indicate the name of the utility: \_\_\_\_\_

Applicants must provide a copy of their current Picture ID, most recent water bill and copies of the most recent proof of 30-day income (Pay Stubs, SSA, SSI, Unemployment insurance, etc.), along with the application for verification of program eligibility.

**If you are already enrolled in the program and applying for re-enrollment, proof of identification is not necessary.** Annual low income does not exceed \$18,090 for a single-person household (\$24,360 for two-person households). For more information on the Federal Poverty Guidelines please visit [www.aspe.hhs.gov](http://www.aspe.hhs.gov).

Applicant swears (s)he is not claimed as a dependent on another person's tax return. I agree to inform EPCOR if I no longer qualify (i.e., monthly income becomes greater than 150% of the Federal Poverty guideline) to receive the low-income monthly credit. I understand that if I receive the discount without qualifying for it, I may be required to pay back EPCOR the discount I received while not qualifying.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

Mail Completed Application to: SCCAN  
10195 W. Coggins Drive  
Sun City, AZ 85351

### CUSTOMERS: PLEASE DO NOT WRITE IN THE ADMINISTRATIVE SECTION BELOW

### SECTION 2: DETERMINE THE CUSTOMER'S ELIGIBILITY FOR THE PROGRAM

Each applicant for the Low-Income Assistance Program must meet all criteria below to be eligible for the program. Each item must be **verified and checked** to be eligible.

I have verified that the applicant resides in the Arizona Wastewater consolidated district service territory as accurately indicated above and verified by service territory maps, and most recent household 30-day income from all sources before deductions does not exceed 150% of the current Federal Poverty Guideline.

\_\_\_\_\_  
Signature of Intake Staff

\_\_\_\_\_  
Date

TASKS	Responsible	Indicate Credit	By (Person)	DATE
Application received Agency	Agency	-		
Customer identification, income eligibility and wastewater district location verified	Agency	-		
Completed application sent to EPCOR	Agency	-		
Rate adjustor setup for customer account or on check mail list	EPCOR	-		
Verify low-income credit appears on customer's first eligible bill	EPCOR	-		
Follow up verification of continuing eligibility as requested	Agency	-		