

ARIZONA WATER & WASTEWATER LOW-INCOME ASSISTANCE PROGRAM

APPLICATION FOR A CREDIT



Low-Income Program

Offered by EPCOR (Only for eligible residential water & wastewater customers)

☐ New Application ☐ Re-Enrollment Application

☐ Do you live in a condo/multiplex? If yes, please write the name here : _____

Service type: ☐ Water ☐ Wastewater

SECTION 1: CUSTOMER FILL-IN INFORMATION

Provide either **Customer Account Number** (located at the top of your bill) _____

or the name of the HOA, apartment complex or mobile home park where you live _____

Your Name _____ **Number of Persons in Your Household** _____

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

Your Home Address _____ **City** _____ **State** _____ **Zip Code** _____

Where you receive service

Mailing Address _____ **City** _____ **State** _____ **Zip Code** _____

Where you receive your 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

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

NEW APPLICANTS: Applicants must provide a copy of their current Picture ID 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. Annual income does not exceed income within the 200% U.S. Federal Poverty Guidelines for the year. For more information on the Federal Poverty Guidelines please visit www.aspe.hhs.gov. **If you are already enrolled in the program and applying for re-enrollment, proof of identification is not necessary.**

I agree to inform EPCOR if I no longer qualify (i.e., monthly income becomes greater than the eligible amount 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 the discount I received while not qualifying.

Customer Signature _____

Date _____

Mail Completed Application to: EPCOR ▪ 5656 W. Talavi Blvd. ▪ Glendale, AZ 85306

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 within the districts that qualify as indicated above and verified by service territory maps, and most recent household income from all sources before deductions does not exceed the Federal Poverty Guideline as per application.

Signature of Intake Staff _____

Date _____

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