## ARIZONA WATER & WASTEWATER LOW-INCOME ASSISTANCE PROGRAM

<b>APPLICATION FOR A CRE</b>	DIT		
Low-Income Program  Offered by EPCOR (Only for eligible residen  □ New Application □ Re-Enrollment  □ Do you live in a condo/multiplex? If yes, p  Service type: □ Water □ Wastewater	Application		<b>EPC</b>
<b>SECTION 1: CUSTOMER FILL</b>	-IN INFORMATION		
Provide either <b>Customer Account Number</b>	(located at the top of your bill)		
or the name of the HOA, apartment con	iplex or mobile home park where y	/ou live	
Your Name	Numbe	er of Persons in Your House	ehold
As it appears on your bill <b>or</b> as appearing on			
Your Home Address Where you receive service	City	State	_ Zip Code
Mailing Address Where you receive your bill if different from cannot have an address different from the F	Home Address. Persons residing in a	State an HOA, apartment complex	_ <b>Zip Code</b> x or mobile home park
Daytime Telephone Number If you are already receiving low-income assist of the utility:	stance from another utility for your el		
<b>NEW APPLICANTS:</b> Applicants must provid (Pay Stubs, SSA, SSI, Unemployment insura does not exceed income within the 200% U Guidelines please visit www.aspe.hhs.gov. I identification is not necessary.	nce, etc.), along with the application .S. Federal Poverty Guidelines for the f you are already enrolled in the pr	for verification of program e e year <sup>2</sup> . For more informatio rogram and applying for re	eligibility <sup>1</sup> . Annual income in on the Federal Poverty
<sup>1</sup> For water customers, annual income does not ex <sup>2</sup> For wastewater customers, annual income does		<u>*</u>	
I agree to inform EPCOR if I no longer qualif guideline) to receive the low-income monthl required to pay back the discount I received	y credit. I understand that if I receive		
Customer Signature Mail Completed Application to: EPCOR • 19	Date 5626 N. Del Webb Blvd • Sun City,	AZ 85351-1602	
CUSTOMERS: PLEASE DO NOT WI	RITE IN THE ADMINISTRATIV	/E SECTION BELOW	
SECTION 2: DETERMINE THI Each applicant for the Low-Income Assistan verified and checked to be eligible. I have verified that the applicant resides with	ce Program must meet all criteria bel	low to be eligible for the pro	ogram. Each item must be

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	_		

most recent household income from all sources before deductions does not exceed the Federal Poverty Guideline as per application.

Date

Signature of Intake Staff