



Water Bill Assistance Program Application

WESTMINSTER

Ensure you meet the following Assistance Program conditions prior to completing the application:

- You are a City of Westminster water customer.
- Household monthly/yearly income is 60% of area median or less (see Household Income Guidelines chart).
- Westminster residential water account is in your name AND you currently occupy the household.
- Your water account has no leaks, no current late/disconnect notices, and is not currently disconnected.
- You have not received credit from the Bill Credit program in the past 12 months (if applying for Hardship program, you have never received Hardship credit before).

****3 late payments and/or a disconnection of services within the 12 month period will result in termination of the Bill Credit****

Name of Applicant (as it appears on account)		Water Account #		Do you pay the bill?	
_____		_____		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address			Phone		
_____			_____		
City	State	Zip	Email		
_____	_____	_____	_____		
Rent <input type="checkbox"/>	Own <input type="checkbox"/>	Preferred method of contact: Email <input type="checkbox"/> Phone <input type="checkbox"/>			
Number of persons in household _____		Number 18+ years old _____		Number employed _____	
Program you are applying for:		Bill Credit <input type="checkbox"/>		Hardship (may require further documentation) <input type="checkbox"/>	

****Submit the following income verification documents with your completed application****

- Current LEAP benefit letter; OR
- Previous year's tax return + 2 recent monthly bank statements; OR
- All recent income documents for persons age 18 or older residing in the household.
(Income = wages, social security, retirement/pension/stock distributions, unemployment, child support, alimony, rental income, tips, grants and monetary gifts/inheritance, etc.)

I, the undersigned, have read the above and agree to all assistance program conditions. I certify that the information provided above is correct and complete to the best of my knowledge.

Signature

Date

(mailing address next page)

Mail this completed application, and all necessary documentation to:

City of Westminster
Attn: Water Bill Assistance Program
Public Works and Utilities Department
6575 W 88th Ave.
Westminster, CO 80031

If you need help determining your eligibility, please call (303) 658-2392 or email ubassist@cityofwestminster.us.

OFFICE USE ONLY

Application complete: Yes No Income documents attached: Yes No

Water Account in applicant's name: Yes No Leaks: Yes No

Owner Tenant Late/Disconnect: Yes No

Applicant notified of Missing docs/Account requirements: Yes No N/A Date: _____

Program(s) approved for: Bill Credit Hardship Conservation

Applicant notified of approval: Email Phone

Approved by: _____ Date: _____

Bill Credit Termination- Reason: _____ Date: _____ Initials: _____