



DOING THE MOST GOOD®

Date and amount client received assistance from the Water Fund: ___ / ___ / ___ \$ _____

The Salvation Army – Montgomery County Corps WSSC Water Fund Program

Name: _____

Address: _____ City: _____

State: Maryland Zip: _____

Telephone: _____ Email: _____

1. Total Number of People in Household: _____

Number of people in the household who are:

a. Age 18 or under b. Age 19 – 60 years old

c. Over 60 years old d List the ages of the minor children in the household: _____

2. Is anyone in the household a veteran? Yes No

3. Total Household Income: _____ (bi-weekly) _____ (monthly) _____ (annually)
(All income must be verified)

4. Is the head of household currently employed? Yes No
(If yes, please provide documentation to verify employment of the head of household.)

5. How many household members over the age of 18 are employed? _____
(If yes, please provide documentation to verify employment for all other employed household members.)

6. WSSC Water bill for which you are currently seeking assistance:
Account Number: _____ Total Amount Due: _____

7. Do you have a WSSC Water disconnection notice? Yes No

8. Is your water service currently disconnected? Yes No

9. Have you received assistance from WSSC Water Fund Program in the past? Yes No
If yes, have you received assistance from WSSC Water Fund in the last 12 months? Yes No

If yes, how much assistance did you receive? \$ _____

10. Please explain your reason for needing assistance with your water bill: _____

All information provided in this application is true and correct to the best of my knowledge. I understand that "false statements of information" could render my application invalid for funding consideration. I also understand that completion of this application does not guarantee the granting of funds. Also, by my signature below, I authorize The Salvation Army to gather any necessary information from additional agencies, vendors, or individuals involved in my case in order to qualify me for these funds. This consent will expire one year from the date below unless I indicate the withdrawal of my consent prior to one year signature and in writing to The Salvation Army.

Applicant- Signature

Date

SUBMIT



DOING THE MOST GOOD®

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TO BE COMPLETED BY THE SALVATION ARMY STAFF

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Staff verified that applicant meets income guidelines.
(Reviewing all income of all persons living in home as per guidelines) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Staff verified by call/email to WSSC Water the total amount of assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Staff referral(s) made to other providers. | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, list the agencies:

APPLICANT'S BILL:

Received from other sources:

(Name source and amount)	Client _____	\$ _____
	Other _____	\$ _____
	Total _____	\$ _____

Amount to be paid by WSSC Water Fund Program:

a. Water Assistance (not to exceed \$500) \$ _____

Grand Total \$ _____

Account Number: _____ **Total Amount Due: \$** _____

CASE SUMMARY (attach additional sheets as necessary):

Salvation Army Staff - Signature

Date