

WINCHENDON RESIDENTIAL WATER & SEWER ASSISTANCE PROGRAM

COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD

YOU MUST SIGN THIS APPLICATION TO BE CONSIDERED FOR ASSISTANCE

Personal Information

APPLICANT/ACCOUNT HOLDER (must live at the address provided. Please Note: commercial properties are not eligible for this program)

Please print or type	First Name	M.I	Last Name	Social Security Number	
	Current Service Address (no. & street)			Apt. or floor	
	Town		Email		
	Daytime Telephone Incl. Area Code		Alternate Number		Date of Birth (xx/xx/xxxx)

- 1) How would your household prefer to be contacted? Postal mail Email
- 2) Check the box that most closely describes the type of building in which you live (Check only one)
 Multi Family Single-Family Condo or Townhouse
- 3) Water Sewer Water & Sewer Account # _____
- 4) Do you own or Rent Your Home Own Rent Landlord's name:

Address:

Household Income – All information is confidential to the extent allowed by M. G. L. c. 66.

Enter the information completely. Including yourself first, list the names, relationships, social security number, date of birth, and gross income of everyone living in your household. **Attach proof of income, disability and copy of all social security cards.** Use a separate sheet if necessary. **Failure to provide the required income documents for at least the previous 60 days will delay the processing of your application. Please refer to program income guidelines and instructions.**

For "Income Source" box, tell us how the income is earned. For the "Last 2 Mo.," box, follow these guidelines:

- Use numbers only
- Anyone younger than 18, write in "0" unless income is earned from SSI or SSDI
- Anyone 18 or older with no income, write in "0" and complete zero income form on the next page
- If you list a name, do not leave any of the boxes next to that name blank

Household members	Relationship to you	Social Security Number	Date of Birth	Income Source	Last 3 mo.	Disabled?	U.S. Citizen?	Unemployed?
						<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/>
						<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/>
						<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/>
						<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/>
						<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/>

Zero Income Self-Declaration

For household members 18 or older listed above with zero income who are being supported by another household member, complete the table below to tell us who is providing support.

Please print or type	First Name	M.I.	Last Name	Social Security # - -	Supported By
	First Name	M.I.	Last Name	Social Security # - -	Supported By
	First Name	M.I.	Last Name	Social Security # - -	Supported By
	First Name	M.I.	Last Name	Social Security # - -	Supported By

Attachments

Please provide the following forms of verification. Check list is provided for your convenience:

- Earned income verification for the previous 60 days for all household members aged 18 or older or complete the zero income self-declaration section.
- Verification for all other forms of income for all members of the household. (social security, SSI, SSDI, Unemployment, etc.)
- A copy of all social security cards for each household member
- A copy of a picture ID for the applicant (must be the name(s) on the water/sewer bill)

Terms of Agreement

I Agree -To abide by all the terms and conditions of the program.

I Understand -That program benefits are available between **10/4/2021 and 12/30/21**.

- Applications received after 12/30/21 will not be accepted.
- My application is not considered complete until all application materials are received & verified by the Town.
- That my household is eligible for a onetime benefit not to exceed \$100.00 as a water or sewer user **OR** a onetime benefit not to exceed \$250.00 as a water and sewer user.
- I must verify my total household income for the two months prior to the date of this application.
- If awarded, the grant amount will be applied to current water and/or sewer bill. I am legally responsible for any remaining past due balance on my water/sewer account.
- That I am responsible for the information provided on this application and that the Town of Winchendon may take legal action to recover funds provided if any information provided is found to be willfully inaccurate.
- That by signing this application I agree to all the terms of agreement and to all applicable federal, state and local statutes governing this program.

X Sign Here _____	Application Date _____
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SIGN AND MAIL OR DROP APPLICATION AND MATERIALS TO:
 The Department of Planning & Development
 109 Front St
 Winchendon MA 01475
 Questions?
 Contact: 1-978-297-3537