



Maine Water Assistance Program Application

1. Primary Applicant (Primary Applicant is the person listed on your water or waste water account)

First name, Middle name, Last name, and suffix (Jr., Sr., III, etc.)	
Mailing Address (PO Box, Street #, Apartment #, Town, State, and Zip)	Home Phone
Physical Address if Different (Street, House #, Apartment #, Town, State, and Zip)	Day / Message Phone

2. Water/Waste Water Account (Please provide a copy of your current bill)

Your Current Water Provider		Account Number	
Your Current Waste Water (Sewer) Provider		Account Number	
<input type="checkbox"/> My water is not disconnected <input type="checkbox"/> I have a disconnection notice scheduled for _____ <input type="checkbox"/> My water is disconnected <input type="checkbox"/> My Water or Waste Water account balance is past due			

3. List anyone living in your home (Please provide a copy of all members Social Security Card, Birth Certificate or Passport as proof of citizenship or documentation issued by USCIS as proof of qualified non-citizenship)

Name	Social Security Number	Date of Birth	Gender	Disabled
Self:			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. What is your total estimated household annual income? \$

5. Does anyone in your household receive one of the benefits listed below? (Please provide a copy of your determination or award letter)

Check all that apply	
<input type="checkbox"/> Home Energy Assistance Program (HEAP)	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Supplemental Nutrition Assistance (SNAP)
<input type="checkbox"/> Means-Tested Veterans Programs	

6. Income Information (If you checked any boxes in #5 please skip #6 Income Information)

Income is money or contributions paid to or for, someone in your home. Please provide the income received in the last 30 days for all those living in your home. Please provide documentation (pay stubs, tax return, benefit letter)

- SOME EXAMPLES OF INCOME SOURCES:**
- Employment wages, including tips
 - Child Support and/or Alimony payments
 - TANF and/or State Supplement from DHHS
 - Self -Employment Income, Income from a business you own
 - Unemployment compensation
 - Workers' Compensation
 - Social Security/Disability Income/SSI
 - Pensions, retirement accounts
 - General Assistance payments
 - Adoption Subsidy

My household currently has no source of income

Name:			
Name of Income Source:			
Contact Information:			
Gross Amount Earned:	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly

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Maine State Housing Authority (“MaineHousing”) does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, physical or mental disability, age, familial status or receipt of public assistance in the admission or access to or treatment in its programs and activities. In employment, MaineHousing does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, age, physical or mental disability or genetic information. MaineHousing will provide appropriate communication auxiliary aids and services upon sufficient notice. MaineHousing will also provide this document in alternative formats upon sufficient notice. MaineHousing has designated the following person responsible for coordinating compliance with applicable federal and state nondiscrimination requirements and addressing grievances:

Lauren Bustard, Maine State Housing Authority
26 Edison Drive, Augusta, Maine 04330-6046,
Telephone Number 1-800-452-4668 (voice), (207) 626-4600 (voice) or 711 (Maine Relay)

You Must Sign Your Application

I agree to report, within 10 days, all changes, including, but not limited to: physical or mailing address, members of my household, water, sewer and income. I understand that providing false or misleading statements or omissions may result in: federal, state, and local criminal and civil actions for fines, penalties, damages or imprisonment; the requirement that I repay any extra benefits received; and disqualification from receiving future assistance.

By applying for Maine Water Assistance, I give MaineHousing permission to obtain any data about utility charges, payment history and other account information from my water or wastewater utility company, or companies. I authorize the utility company or companies to provide this information to MaineHousing.

Applicant Signature:	Date:
Other Signature: (Complete if other member is water/waste water account holder)	Date:

Send completed application including attachment, along with your water/waste water bill and either benefit letter or proof of income to: MaineHousing, Water Assistance Program, 26 Edison Drive, Augusta, ME 04330 or email Water@mainehousing.org

Incomplete applications will not be accepted. They will be returned for completion.

If you have any questions, please contact MaineHousing at 1-888-623-6762.

Maine Water Assistance Program Application Attachment 1

Check your housing type

<input type="checkbox"/> Rent with separately billed utilities <input type="checkbox"/> Rent with utilities included in fee	<input type="checkbox"/> Own <input type="checkbox"/> Other _____
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Complete for anyone living in your home

Name (Self)	Ethnicity	Race
	<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-race (two or more of the above) <input type="checkbox"/> Other _____
Name	Ethnicity	Race
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