



**Applicant Information**

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *Zip Code*

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

**CoApplicant Information** (as listed on Public Utilities account)

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

**All Household Members**

Name	Relationship to Applicant	Date of Birth	Social Security Number

There are no other individuals living in the home \_\_\_\_\_ (*initial*)

**Total Household Income**

Gross Wages (before taxes)	\$ _____	per _____
Child Support	\$ _____	per _____
Financial Assistance (TANF, SSI, SSA, etc.)	\$ _____	per _____
Other	\$ _____	per _____
<b>Total Household Income</b>	<b>\$ _____</b>	<b>per _____</b>

## Household Employment History

### Applicant Employment Information

Place of Employment: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_

### Household Employment Information

Household Member: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_

Household Member: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_

Household Member: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_

I (print your name) \_\_\_\_\_ do not have income or resources at this time.

## Public Utilities Account Information

Name(s) on Account: \_\_\_\_\_

Account Number: \_ \_ \_ - \_ \_ \_ - \_ \_ \_ \_ \_

## Disclaimer and Signature

I request assistance and certify that the contents of this application are true and correct. I understand that:

- I have the right to file a complaint if I feel that I have been discriminated against because of my race, color, national origin, religion, sex, age, handicap or religious belief.
- If I give false information or withhold information, I may be breaking the law and could be prosecuted for perjury or larceny.
- My signature below authorizes the Department of Human Services and the Department of Public Utilities to share information and obtain any written verification necessary to establish my eligibility for assistance and give information in my case record to other organizations from which I have or may request assistance.

My signature below also indicates my understanding of the following:

- I am aware that in order to qualify for the Water Assistance Program (WAP), I will be required to pay down any amount in excess of \$300.00 before becoming eligible for an assistance payment. Payments must be made in person at the City of Virginia Beach Treasurer's Office. Accepted forms of payments are cash, cashier's check, or money order only. Any other forms of payment will result in a delay of assistance.
- While I am receiving assistance from the WAP, I am still responsible for any bills I receive from the Virginia Beach Department of Public Utilities.
- If I receive a bill and do not pay that bill by the due date, my water service will be terminated.
- During the time that my WAP payment is being processed, I may receive a delinquent notice or a telephone call notifying me that my service may be terminated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_