



Water Bill Assistance Intake Form

Evansville Water & Sewer Utility/CAPE HOME Serve Collaboration

Name: _____

Address: _____

City, State, Zip: _____

EWSU account number: _____

Phone: _____

Is the water turned off entirely? ____ Yes ____ No

If no, disconnection date: _____

(Account must be in disconnect status or disconnected)

Verbal verification with Water & Sewer Utility: Total payment required to keep service on/to reconnect service, proof that \$250 will keep service on, name of staff verifying, and date.

Email: _____

Customer Signature

Date

CAPE Intake Staff Signature

Date



Household Member and Income Information

Name	D.O.B	Ethnicity	Gender	Source of Income	Annual Income	Relation to Applicant
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	

Total Household Income: \$ _____

Attach the following documents to this application:

- ✓ **Proof of Income**
- ✓ **Identification**
- ✓ **Social Security Cards**
- ✓ **Proof of Residency**
- ✓ **Most Recent Water Bill**



Additional Household information

1. Marital Status: Single Married Divorced Separated
2. Are you or anyone in your household pregnant? Yes No
3. Military Status: Never Served Active Military Veteran
4. Level of Education: 0-8 9-12 High School Graduate GED
 Some College College Graduate
5. Health Insurance: Medicare Medicaid Private Insurance
6. Are you or anyone in your household disabled? Yes No
7. Work Status: Part-Time Full-Time Unemployed
8. Cash Benefit: SNAP Housing Voucher WIC
 Permanent Supportive Housing
9. Housing Situation: Rent Own Contract
10. Family Type: Single Parent Household Two Parent Household

Additional Information:



Pledge Called In

EWSU account number: _____

Utility Staff Name: _____

Date: _____

Phone: (812) 436-7846

Total bill/disconnect: \$ _____ (attach copy of bill/see stated above by Water Utility)

Amount of deposit: \$ _____ (if required – verified by Water Utility)

Customer contribution: \$ _____ (verified by customer signature/receipt)

Other agency pledge(s): \$ _____ (paperwork from another agency)

HomeServe account: _____ (up to \$250 – will pay disconnect due/keep service on)

Is the water turned entirely off? ____ Yes ____ No

Income Verification

Written proof of annual income is attached.

Wages: \$ _____ Social Security: \$ _____ SSI: \$ _____

VA: \$ _____ Child Support: \$ _____