



## Water Bill Assistance Intake Form

Evansville Water & Sewer Utility / CAPE HOME Serve Collaboration

Name: \_\_\_\_\_

Address: \_\_\_\_\_

EWSU account number: \_\_\_\_\_

Phone: \_\_\_\_\_

Is the water turned entirely off? \_\_\_\_ Yes \_\_\_\_ No.

If no, disconnection date: \_\_\_\_\_

(Account must be in disconnect status or disconnected)

*This program allows for one-time assistance every 12 months may be provided to income-qualified customers of Evansville Water & Sewer Utility. The water bill must be in disconnect status or already disconnected. Limited assistance with shut-off amount only up to \$250.00. Water bill must be in name of household member aged 18 years or older, landlord or Power of Attorney. Documents to support household information are required. Our office will contact EWSU to verify the information you provided is correct.*

Email: \_\_\_\_\_

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**Attach the following documents to this application:**

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



## Household Member and Income Information

DO YOU NEED LANGUAGE ASSISTANCE? \_\_\_ YES \_\_\_ NO

IF YES, WHAT IS YOUR PERFERRED LANGUAGE? \_\_\_\_\_

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

**Total Household Income: \$** \_\_\_\_\_



## **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. Do You:  Rent  Own  Contract
10. Family Type:  Single Parent Household  Two Parent Household  
 Single Person

### **Additional Information:**