

November 2, 2017

Questions:

www.phila.gov

(215) 686 6880

(215) 685 6300

Monday-Friday, 8am-5pm

Dear Customer:

Your current *WRBCC/assistance* agreement is due for recertification. The terms of the agreement require that your household information is submitted to review for eligibility in any assistance program available.

Please note: Our rules have changed. Customers who fail to renew their current WRBCC agreements by the plan's end date will be removed from their current WRBCC plan and will not be granted a replacement WRBCC plan.

Enclosed is a new Customer Assistance Application. A completed application package provides all the information we need to determine which program results in the lowest bill for you. Please review the instructions included with the application and return all information in the enclosed envelope.

You must complete and return the enclosed package with all required documentation within 21 days from the date of this letter.

If you have any questions, please call Customer Service at 215-686-6880 or 215-685-6300. We are also partnering with the Utility Emergency Services Fund (UESF), Community Legal Services (CLS) and your local Neighborhood Energy Center (NEC).


Thank you.

Customer Assistance Application

This form is used to apply for assistance, including Tiered Assistance Program (TAP), and Senior Citizen Discount. For customers currently enrolled in existing assistance programs, this form can also be used to apply for recertification.

How to Complete this Form

- 1. Read.** Read through the entire application first, including the Program Eligibility Guidelines.
- 2. Gather.** Use the checklist below to help make sure you've gathered all the information and documentation you'll need.
- 3. Fill & Sign.** Fill in the form. Sign the bottom section of Part 1 and Part 2, and sign any of the attachments that apply to your application.
- 4. Enclose.** Place copies of all required documentation in the envelope. Please **do not send originals**; supporting documents sent will **NOT** be returned.
- 5. Submit.** When you're finished, you can mail your completed form and documentation to us at:
Water Revenue Bureau
Customer Assistance Application Processing Center
P.O. Box 51270, Philadelphia, PA 19115

 **Tip:** Make a copy of your completed application and supporting documents for your files.

 **Don't delay! Applications must be received within 14 days of requesting the form.**

Application Checklist: Here's what you'll need to gather in order to fill out this application.

☐ Applicant & Household Info

We'll need **names, birth dates, monthly income amounts** and **social security numbers** for household members, including the applicant.

☐ Proof of Residency

The following, dated within the past 6 months, are examples of acceptable documentation. **ONLY ONE** is needed:

- 1. Current government issued ID**
(such as driver's license or ID card) with current address
OR
- 2. Current rental agreement**
or agreement for sale for the dwelling unit
OR
- 3. Recent utility bill, tax bill,**
or other tax record
OR
- 4. Lease, rent book, or money order receipts**

☐ Income Documentation

The following are examples of acceptable documentation. You will need **ONE** of the following for **EACH** source of income in the household:

- 1. Prior year's federal income tax return**
OR
- 2. Pay stubs** (must be consecutive and cover at least 30 days)
OR
- 3. Benefit award letters** or statements
(such as unemployment compensation printout, worker's compensation award, Social Security, pension, or welfare benefits)
OR
- 4. Income support statement form (Attachment A)** from individual providing support

If you are reporting zero income:

We will ask about other assets you may own (including real estate, vehicles, savings, or securities)

FOR SPECIAL HARDSHIP ONLY:

☐ Hardship Documentation

The following are examples of acceptable documentation. **ONLY ONE** is needed:

- Official document(s) demonstrating hardship claim, such as:
 - **Birth or adoption certificate**
 - **Employment termination letter**
 - **Unemployment compensation printout**
 - **Hospital admission or discharge documentation**
 - **Death certificate**
 - **Safe harbor program admission documentation**
 - **Monthly expense statements such as mortgage or rental agreement, utility bills, etc.**OR
- Proof of recent hardship claim approval by a state or local agency
OR
- Other documentation approved by the Water Revenue Bureau

Applicant and Household Information

Applicant Information All information must be current. Please type or print clearly.

Recertifying (or renewing) applicants are also required to complete this section.

Name of Applicant

Water Access Code (9 Digits)

Email Address

Social Security Number

Daytime Phone Number

Date of Birth (MM/DD/YY)

Address of Property

Mailing Address (if different than address of property)



Proof of residency at this property address (such as a gov't issued ID, utility bill or tax bill) must be enclosed with your application. Full list of acceptable documentation appears in the Application Checklist.

Your Gross (pre-tax) Monthly Income > \$

If this amount is zero, complete **Attachment B**.

Household Information All information must be current. Please type or print clearly.

Number of Other People
Living In Household
(do not include yourself)

Number of Children
Under Age 18

Do You Receive Child Support?

☐

No

☐

Yes

Monthly Child Support Amount ▼

\$

If yes: Please attach a copy of **either:** A current Child Support document. (log in and print out from childsupport.state.pa.us) OR **Attachment A**

Please list information for all other members of your household in the table below. Do not include yourself.

If household members are over age 18 and have no income: In the Gross Monthly Income column, write '0', and please make a note of their current situation. You can use 'S' for 'Student', or 'U' for 'Unemployed'.

Household Member's First and Last Name	Social Security Number	Birth Date (mm/dd/yy)	Relationship To Applicant	Gross Monthly Income ▼
				\$ <input type="text"/>
				\$ <input type="text"/>
				\$ <input type="text"/>
				\$ <input type="text"/>
				\$ <input type="text"/>
				\$ <input type="text"/>
				\$ <input type="text"/>



If you have any income support from a non-household member, you must complete **Attachment A**.



Social security number is only required for those household members between the ages of 18 and 65.



Income Documentation for all sources in the household must be enclosed with your application.

Your Signature >

Date (mm/dd/yy)

Customer Responsibilities

Applicant Please add your initials inside the boxes to acknowledge each responsibility.

1. I agree to abide by all the Customer Assistance Program rules and requirements.
2. I agree to pay the Water Revenue Bureau the required monthly program payment amount.
3. I agree that if my check is returned unpaid for insufficient or uncollected funds,
 - (1) I authorize The City of Philadelphia or its agent to make a one-time electronic fund transfer from my account to collect a fee of \$20;
 - AND
 - (2) The City of Philadelphia or its agent may re-present my check electronically to my depository institution for payment.
4. I agree to recertify as required by the program (if interested) by submitting an application with updated household income and other required information.
5. I agree to report all changes in household size and income, even if the changes occur before my required recertification date.
6. I authorize the Water Revenue Bureau to verify information provided on this application through the City and third party sources.
7. I understand that if my service is off due to an uncorrected notice of violation or defect, or a determination that providing service would endanger life, health, safety or property, I must correct the violation and/or make any necessary repairs before service will be restored.
8. I understand that fraudulent applications or unauthorized use of service (providing water for use at a location other than my primary residence) will result in removal from the program and additional consequences (which shall include back charges).
9. I agree to be enrolled in the program that will result in the lowest monthly bill for me, whether it is TAP, WRAP Recertification, Senior Discount, standard or extended payment agreement, or regular billing.
10. I understand that my bill is due when rendered, and if any amount due from me is more than two billing periods delinquent, I may be subject to termination of service.
11. I agree to pay the Water Revenue Bureau the monthly TAP payment amount and, if applicable, repair charges and HELP loans. *
12. I agree to accept and reasonably maintain any free conservation measures offered by the Water Department. *

* Responsibilities with an asterisk will only apply if you are enrolled in TAP. Please initial all responsibilities even if you are not sure which program you are eligible for.

All information provided on this application is true and complete. By signing below, I acknowledge that I have provided complete and correct information, have read and understand this document, and agree to the Customer Responsibilities above.

Print Name ➤

Date (mm/dd/yy)

Your Signature ➤



**This page is mandatory for ALL applications.
Your application cannot be processed without signing this page.**

Income Support Documentation Form

Include this attachment to document any income support received from a person outside of your household.

Recipient of Support All information must be current. Please type or print clearly.

Name of Applicant

Water Access Code (9 Digits)

Email Address

Address Of Property

Daytime Phone Number

Person Providing Income to Applicant All information must be current. Please type or print clearly.

Name of Person Providing Support

Relationship to Applicant

Daytime Phone Number

Address of Person Providing Support

Email Address



To verify income support, we must be able to reach the person providing support by using the contact information provided above.

When did this person start providing support to the applicant? (Month and Year)

How much financial support do they provide, and how often?

per

Are they still providing this support to the applicant? ☐ No ☐ Yes

By signing here, I certify that all information provided on this attachment is true and complete.

Applicant's Signature ➤

Date (mm/dd/yy)

Zero Income Documentation Form

Include this attachment if you are reporting zero income on your application.

Applicant Information All information must be current. Please type or print clearly.

Name of Applicant

Water Access Code (9 Digits)

Email Address

Address Of Property

Daytime Phone Number

Applicant Financial Information Please answer the following questions. Please type or print clearly.

I have cash or money in bank account(s) (or other financial institution) totaling over \$500

☐ No ☐ Yes

I own real estate other than my primary residence valued over \$10,000

☐ No ☐ Yes

I own securities (stocks, bonds, CDs, etc.) valued over \$500

☐ No ☐ Yes

I own other assets (e.g., vehicles) not mentioned above valued over \$500

☐ No ☐ Yes

In the space below, please provide a brief explanation of your source of livelihood or means of support ▼

By signing here, I certify that all information provided on this attachment is true and complete.

Applicant's Signature ►

Date (mm/dd/yy)

Special Hardship Claim

Include this attachment if you want to be considered for Special Hardship benefits. For the purpose of this application, **Special Hardship** is when you have at least one of the situations listed in the Hardship Claim Guidelines table below (or other similar situation as determined by a Water Revenue Bureau Supervisor) within the past 12 months, **and** your household income is **greater than 150%** of Federal Poverty Level (FPL) as shown in the Program Eligibility Guidelines table on page 7.

i If your documented income is **less than 150%** of FPL, you can apply for TAP benefits **without** needing to fill out this form.

Hardship Claim Guidelines	
Hardship Type	Code
Increase in household size	A
Loss of job (lasting over 4 months)	B
Serious illness of household member (lasting over 9 months)	C
Death of primary wage earner	D
Domestic violence or abuse	E
Household Expenses	F
Other	G

! You must enclose some form of hardship documentation along with this attachment. The following are examples of acceptable forms of hardship documentation.

- Official document demonstrating hardship claim, such as:
 - birth or adoption certificate
 - employment termination letter
 - unemployment compensation printout
 - hospital admission or discharge documentation
 - death certificate
 - safe harbor program admission documentation

OR
- Proof of current monthly household expenses, including most recent bills or statements for:
 - Housing (mortgage, rent, real estate taxes)
 - Utilities (heating oil, gas, electricity, telephone)
 - Other expenses (must be paid by you) (medical, childcare, child support)

OR
- Proof of recent hardship claim approval by a state or local agency
- OR
- Other documentation approved by the Water Revenue Bureau

Which letter code from the table above best describes the situation for your household?



If you selected "Other" (G): Please provide a description of your hardship situation:

By signing here, I certify that all information provided on this attachment is true and complete.

Applicant's Signature ➤

Date (mm/dd/yy)

Assistance Programs Eligibility Guidelines

Below is an overview of the Water Revenue Bureau’s (WRB) income-based assistance and benefits. When you provide a completed application, along with all required documentation, WRB uses the application to determine and enroll you in the program that is most beneficial to you.

Tiered Assistance Program (TAP) Benefits

If your household income is equal to or less than 150% of the **Federal Poverty Level (FPL)**, your monthly water bill payment could be fixed at between 2% and 3% of household income.

Is your household income greater than TAP limits of 150% of FPL?

Special Hardship Claims:
If your household has special circumstances (such as the loss of a job or death of a primary wage earner), your monthly water bill payment could be fixed at 4% of household income. For more information, see **Attachment C**.

If your income is between 150–250% of FPL you may still be eligible for monthly payments of about 4% of household income.

Senior Citizen Discount

Seniors may be eligible for monthly bills discounted by 25% if household income is less than \$31,500 per year.

Monthly Gross (pre-tax) Household Income and Potential Assistance Benefits		
Household Size	Maximum Gross Income (150% of FPL)	Maximum Gross Income (250% of FPL)
1 person	\$1,508 / month	\$2,513 / month
2 people	\$2,030 / month	\$3,383 / month
3 people	\$2,553 / month	\$4,254 / month
4 people	\$3,075 / month	\$5,125 / month
5 people	\$3,598 / month	\$5,996 / month
6 people	\$4,120 / month	\$6,867 / month
7 people	\$4,643 / month	\$7,738 / month
8 people	\$5,165 / month	\$8,608 / month
For each additional person:	Add \$523 to the amount above	Add \$871 to the amount above

If monthly household income is within the limits shown in this column, you may be eligible for **monthly water bills fixed at between 2% and 3% of household income.**

If monthly household income is within the limits shown in this column, you may be eligible for **monthly water bills of about 4% of household income.**