

**Questions:**

[www.phila.gov](http://www.phila.gov)

**(215) 685-6300**

Monday-Friday, 8am-5pm

## Customer Assistance Application

Dear Customer:

You are receiving this mailing because you have either requested an application for customer assistance programs or your application for recertification is due. This application allows you to complete a single process to apply to any of our assistance programs, including the Tiered Assistance Program (TAP) or Senior Citizen Discount. The application also allows customers currently enrolled in assistance programs, including WRAP, to apply for recertification.

Submit your completed application package to establish or maintain your participation in our programs. **Please review the instructions on the back of this page. They are a guide to assist you as you complete the application.**

The City gives a 30-day window of protection from water shut off to any customer who requests an application. If you requested the application because you were in danger of being shut off, make sure to submit your completed application package timely to avoid shut off. You will also be protected from water shut off while we process your application.

If you have questions, please call our Contact Center at (215) 685-6300 or go online to [www.phila.gov/water-bill-help](http://www.phila.gov/water-bill-help). You can also get in-person help with your application at over two dozen locations throughout Philadelphia. Call the Utility Emergency Services Fund (UESF) hotline at (855) 827-8373 or visit [phillyh2o.info/help-map](http://phillyh2o.info/help-map).

Thank you.

**Water Access Code:**

**Service Address:**

# Customer Assistance Application



This form is used to apply for assistance, including the 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. Make sure to sign the bottom section of Part 2 and any of the attachments.
- 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**  
**Need in-person help with your application?** Contact the Utility Emergency Services Fund (UESF) hotline at (855) 827-8373.  
**Questions on your application?** Email [watercap@phila.gov](mailto:watercap@phila.gov).  
Note: Application materials cannot be submitted over email.

 **If you requested this application because you are in danger of shutoff, submit your application within 30 days to avoid shutoff.**

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

-  **Applicant & Household Info** We'll ask for names, birth dates, and monthly income amounts for household members, including the applicant. We also ask for social security or tax ID numbers, though they are not required.
-  **Proof of Residency** You will need **ONE (1) item** from the bulleted list below, dated in the last 12 months. *Example: Many customers submit an ID with current address.*
  - Current government issued ID (like driver license or ID card) with current address.
  - Voter registration card.
  - Lease or rent receipt.
  - Utility bills (like PGW, PECO, cable, internet or phone).
  - Student loan billing statement.
  - Bank statement.
  - Any of the Income Documentation types below, except income support form.

*Must show address where you live.*
-  **Household Income Documentation** **For EACH source of income** in the household, you will need **ONE of the following**, dated in the last 12 months. *If your household has no income, we will ask about how you pay for living expenses in Attachment B.*
  - Prior year's federal income tax return or W-2
  - Pay stubs
  - Benefit award letters or statements (such as unemployment compensation printout, worker's compensation award, Social Security, pension, or welfare benefits)
  - Income support form (Attachment A)



**If you're eligible due to a Special Hardship, additional documentation is required. See Attachment C.**

# Applicant and Household Information

! Required fields are marked with an \*.

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

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

\*Name of Applicant

\*Water Access Code (9 Digits)

Email (for application updates)

Social Security or Tax ID Number

Daytime Phone Number

\*Date of Birth (mm/dd/yy)

\*Address of Property

Mailing Address (if different than address of property)

Have you been approved for an Owner Occupied Payment Agreement (OOPA)?

No  Yes  
 Not Sure

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

! **Proof of residency at this property address must be enclosed with your application. The list of accepted documentations appears in the Application Checklist.**

If this amount is zero, complete **Attachment B**.  
We may adjust your monthly income based on your documentation.

## 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

\*Does someone in your household 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](http://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, write '0' in the Gross Monthly Income column.

\*Household Member's First and Last Name

Social Security or Tax ID Number

Date of Birth (mm/dd/yy)

Relationship To Applicant

\*Gross Monthly Income ▼

*Household Member's First and Last Name	Social Security or Tax ID Number	Date of Birth (mm/dd/yy)	Relationship To Applicant	*Gross Monthly Income ▼
				\$
				\$
				\$
				\$
				\$
				\$
				\$

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

i If you have **more household members** than will fit in this table, attach an additional sheet with their information.

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

Applicant's Signature >

Date (mm/dd/yy)

# Customer Responsibilities

**Applicant** Please add your initials inside the boxes as you review 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. If your check is returned unpaid for insufficient or uncollected funds,  
 (1) you authorize The City of Philadelphia or its agent to make a one-time electronic fund transfer from your account to collect a fee of \$20;  
 AND  
 (2) The City of Philadelphia or its agent may re-present your check electronically to your 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 and share information provided on this application within City departments and with third party partners for the purpose of ensuring that I have access to all water assistance programs available to me.
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.
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.

After we review your application, we determine which program will provide the best savings to you.

**Responsibilities below this line will only apply to you if you are enrolled in Tiered Assistance Program (TAP).**

11. I agree to pay the Water Revenue Bureau the monthly TAP payment amount and, if applicable, meter charges, repair charges and HELP loans. I understand that my TAP Payment amount may be higher than my current service and usage charges. Since I am responsible for the full TAP payment amount, any payment above my current charges will be applied to any outstanding balance on my account.
12. I agree to accept and reasonably maintain any free conservation measures offered by the Water Department.

By signing below, I agree to all of the Customer Responsibilities above. I also certify that I have read and understand this document, and provided correct information on this application.

Printed Name >

\*Date (mm/dd/yy)

\*Applicant's Signature >




**This page is mandatory for ALL applications.**

**This application cannot be processed without the Applicant's signature on this page.**

# Income Support Form

Not every applicant needs to complete this page. **You only need to complete this page if someone in your household receives income support, such as child support, from someone outside of your household.**

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

\*Name of Applicant

\*Water Access Code (9 Digits)

\*Address of Property

## Person Providing Income Support All information must be current. Please type or print clearly.

\*Name of Person Providing Support

Relationship to Applicant or Household Member

\*Address of Person Providing Support

Daytime Phone Number



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

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

\$

per

Are they still providing this support?

No

Yes

By signing below, I certify that I have provided correct information on this attachment.

\*Applicant's Signature >

\*Date (mm/dd/yy)

Required fields are marked with an \*.

# Zero Income Documentation Form

Not every applicant needs to complete this page. **You only need to complete this page if you are reporting zero income on your application and no one in your household receives income support from someone outside of your household.**

**i** If you recently lost your job and have no income, complete this page.

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

\*Name of Applicant

\*Water Access Code (9 Digits)

\*Address of Property

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

How do you pay for the following?

\*Food:

\*Housing:

\*Utility Service (example: electricity, gas, heat, water, phone):

By signing below, I certify that I have provided correct information on this attachment.

\*Applicant's Signature >

\*Date (mm/dd/yy)

Required fields are marked with an \*.

# Special Hardship Claim

Not every applicant needs to complete this page. **You only need to complete this page if your household income is greater than 150% of the Federal Poverty Level (FPL)** (as shown in the Program Eligibility Guidelines on page 7) **AND you have had one of the hardships listed below within the past 12 months.**

**i** You do not need to complete this page if you completed Attachment B (Zero Income Form).

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

**!** 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
  - medical 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), a description of your hardship is required:**

By signing below, I certify that I have provided correct information on this attachment.

**\*Applicant's Signature** >  **\*Date (mm/dd/yy)**

**Required fields are marked with an \*.**

# 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)

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 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 65 or older may be eligible for monthly bills discounted by 25% if household income is less than \$38,800 per year.

Eligible Monthly Income Levels (This Chart does not apply to TAP Hardship and Senior Citizen Discounts.)		
Household Size	Maximum Gross Income (150% of FPL)	Maximum Gross Income (250% of FPL)
1 person	\$1,883 / month	\$3,138 / month
2 people	\$2,555 / month	\$4,259 / month
3 people	\$3,228 / month	\$5,379 / month
4 people	\$3,900 / month	\$6,500 / month
5 people	\$4,573 / month	\$7,621 / month
6 people	\$5,245 / month	\$8,742 / month
7 people	\$5,918 / month	\$9,863 / month
8 people	\$6,590 / month	\$10,983 / month
For each additional person:	Add \$673 to the amount above	Add \$1,121 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.**

Federal poverty guidelines are updated annually and published in the Federal Register. Current guidelines can be accessed at: <https://www.federalregister.gov/documents/2024/01/17/2024-00796/annual-update-of-the-hhs-poverty-guidelines>