

# APPLICATION:

Residential Low-Income Assistance Program  
Offered by EPCOR Water Arizona Inc. & Administered  
by the Arizona Community Action Association



(Only for residential customers on a 5/8" x 3/4" meter or persons residing in housing in a homeowner association, apartment complex or mobile home park)

## SECTION 1: Customer Fill-in Information

Check box for the district you live in:

**Agua Fria Water District**  
\$7.50 Monthly Credit

**Havasu Water District**  
\$10.00 Monthly Credit

**Mohave Water District**  
\$5.00 Monthly Credit

**Customer Account Number** \_\_\_\_\_

Located at the top of your water bill or provide the name of the HOA, apartment complex or mobile home park

**Your Name** \_\_\_\_\_

As it appears on your water bill or as appearing on valid identification

**Number of Persons in Your Household** \_\_\_\_\_

**Your Home Address** \_\_\_\_\_

Where you receive water service

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

Where you receive your water bill if different from Home Address. Persons residing in an HOA, apartment complex or mobile home park **cannot** have an address different from the Home Address.

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip Code** \_\_\_\_\_

**Daytime Telephone Number**

Please include Area Code

-    -

If you are already receiving low-income assistance from another utility for your electric or gas bill, please indicate the name of the utility: \_\_\_\_\_

Applicants must provide a copy of their current Picture ID, most recent water bill and copies of the most recent proof of 30-day income (Pay Stubs, SSA, SSI, Unemployment insurance, etc.), along with the application for verification of program eligibility. **\*\*Please note\*\*** if approved, approval is for one year and customer must re-apply through this same process to renew.

Applicant swears (s)he is not claimed as a dependent on another person's tax return. I agree to inform EPCOR Water if I no longer qualify (i.e., monthly income becomes greater than 150% of the Federal Poverty guideline) to receive the low-income monthly credit. I understand that if I receive the discount without qualifying for it, I may be required to pay back EPCOR Water the discount I received while not qualifying.

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

\_\_\_\_\_  
Date

**CUSTOMERS PLEASE DO NOT WRITE IN THE ADMINISTRATIVE SECTION BELOW**

## SECTION 2: Determine the Customers Eligibility for the Program

Each applicant for the Low-Income Assistance Program must meet all criteria below to be eligible for the program. Each item must be **verified and checked** to be eligible.

I have verified that the: Applicant resides in the Agua Fria, Havasu or Mohave Water District service territory as accurately indicated above and verified by service territory maps; has a valid ID with the name matching the home address; and most recent household 30-day income from all sources before deductions does not exceed 150% of the current Federal Poverty Guideline.

\_\_\_\_\_  
Signature of Intake Staff

\_\_\_\_\_  
Date

TASKS:	Responsible	Indicate Credit	By (Person)	DATE
Application received	Agency	-		
Customer identification, income eligibility and water district location verified	Agency	-		
Completed application sent to EPCOR Water	Agency	-		
Rate adjustor setup for customer account	EPCOR	-		
Verify low-income credit appears on customer first eligible bill	EPCOR	-		
Follow up verification of continuing eligibility	Agency	-		