



City of Thornton

Master Meter Water Assistance Application

Date Submitted: _____

Qualified? Yes or No

Thornton residents who pay for water as a part of their rent or to the property management can apply for help with their water bill. Thornton has some funds that will be used to help people living in apartment complexes, manufactured home parks, condos, and townhomes pay for one water bill. If you qualify for this program, one of your water bills will be paid directly to your property management.

Applicants must be Thornton residents and legally residing in the United States. The applicant must live in the home and his/her name must be on the rent agreement and/or the water bill statement. The applicant cannot be receiving financial assistance with rent or mortgage costs from a government or non-profit agency at the same time as receiving help from this program.

To apply, complete both sides of this application and provide the documents listed below.

Full Name: _____

Street Address: _____

City, Zip Code: _____

Daytime Phone Number: _____

Email: _____

Name of housing complex: _____

Length of time living at current address: _____ years. If less than a year: _____ months

What type of home do you live in? Apartment Townhome/duplex Condo Manufactured Home

Do you receive financial assistance with your rent/mortgage cost from an agency? No Yes

What agency provides your assistance? _____

What month and year did you receive assistance: _____

Provide the following documents to the Water Assistance Specialist or an Almost Home Case Manager

Resident and Program Eligibility Documents

- ❖ Photo identification document for all adults 18 or older living in the house: driver's license, Colorado ID card, military ID card, passport, Visa, college ID. We will make copies for you.
- ❖ Rent agreement and receipt from property management with current water cost due OR your water bill.

Income verification documents

- ❖ A current benefit statement if the household members are receiving SNAP, TANF, WIC, LEAP or the adults living in the home are covered through Medicaid; OR
- ❖ A tax return for the 2016 year + a current monthly bank statement; OR
- ❖ Verification of all recent income (paystubs, social security award letter, retirement/pension distribution, child support/alimony, etc.) for everyone age 18 or older living in the house + a current monthly bank statement; OR
- ❖ In certain situations, we can accept two recent, consecutive bank statements.

Applicants may be asked for additional information to help verify eligibility for the program.

ALL HOUSEHOLD MEMBERS AND INCOME:

"YOUR HOUSEHOLD" = you plus all the people who live in the house with you.

"INCOME" = all money a person earns or receives, such as wages, unemployment compensation, social security or disability income, pension or retirement payments, interest on investments or savings accounts, child support, alimony, loans or any other money received.

Full Name	Relationship to You	Date of Birth	Age	Type of Income	Gross Monthly Amount
	Self				

Family Information

This information is used to track the demographics of program participants.

- Single Parent Female
 Single Parent Male
 Two Parent Household
 Single Person
 Two Adults No Children
 Other Family Type

AFFIDAVIT

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that I am a United States citizen, or that I am a permanent resident of the United States, or I am lawfully present in the United States pursuant to federal law. I understand that state law requires me to provide proof that I am lawfully present in the United States in order to receive this public benefit.

Also, I certify that the information provided on and with this application is true and correct to the best of my knowledge. I understand that if I have provided false or misleading information, I will be denied assistance or expected to repay the water cost. **I authorize City of Thornton or the Almost Home staff to verify all information provided.** I will comply with all City policies and ordinances for this program. I understand that income-qualified applicants can only receive assistance once during the test program time period.

Applicant signature

Date