



Homeowner Application

Enter the information below. The address must match the address that is on the Water Bill Account.

You must enter your water bill account number. It can be found in the Account Summary box in the upper right corner of your water bill.

Proof of income and identification for **ALL** household members over the age of 18 must be included with the application.

You can drop off your completed form or mail the application at the address below:

3939 Reisterstown Rd. Baltimore, MD 21215

Applicant information

Applicant Name:

Race:

Date of Birth: SSN: 30 – Day Gross Income:

Street Address:

City: State: Zip Code:

Is this your primary residence? Yes No

Income Information:

Annual Income:

Household Size:

Water Bill Information:

Water Bill Number:

(include a copy of your most recent water bill)

Household Members:

Relationship to Applicant:

Name:

Date of Birth: SSN: Race:

Primary Source of Income: 30 – Day Gross Income:

Relationship to Applicant:

Name:

Date of Birth: SSN: Race:

Primary Source of Income: 30 – Day Gross Income:

Relationship to Applicant:

Name:

Date of Birth: SSN: Race:

Primary Source of Income: 30 – Day Gross Income:

Questionnaire:

*If you answer **YES** to any of these question, please list the type of assistance you are currently receiving.*

Do you receive energy assistance or subsidy?

Yes No Type of Assistance:

Do you receive any public assistance, i.e. medical, supplemental social security, food stamps?

Yes No Type of Assistance:

Do you receive veterans or social security disability benefits?

Yes No Type of Assistance:

Do you receive any other form of financial assistance, i.e., relative, child support, other?

Yes No Type of Assistance:

Attestation:

YES. I want to receive Water4All water billing assistance for my primary residence. I understand that my application information will be reviewed and verified by the Mayor's Office of Children and Family Success AND provided to the Baltimore City Department of Public Works to determine the Water4All water billing assistance for which I may be eligible.

I consent for my information to be entered into a secure database for tracking services, statistical information, communications, and program evaluation.

I declare under penalty of perjury that all the information I provided to the Department of Public Works, Bureau of Water and Wastewater is true, correct, and complete to the best of my ability, belief, and knowledge. I certify that I am the named user and resident for this real property located in Baltimore City. I authorize the Mayor's Office of Children and Family Success and/or Baltimore City Department of Public Works to investigate and confirm the accuracy and completeness of all household income, bank accounts, other benefits and other information provided with this application.

Maryland has a fraud law that will be vigorously enforced for intentional misrepresentations of information contained on this application. If a household member intentionally misrepresents information, that member may be disqualified from the program for a period of time.

Program eligibility is only good for one year. Applicants must re-apply each year for approval.

Signature: _____

Date: _____