



APPLICATION FOR UNITED WAY OF THE DESERT
EMERGENCY ASSISTANCE PROGRAM

Water Department Account Number

Grid of 12 empty boxes for account number

Every utility bill must have its own application form

Water Company: _____

Date of Application: _____

Name on Bill _____

Address on Bill: _____ ZIP _____

Telephone Number _____

Past Due Bill Date: _____ Past Due Amount: _____

Customer's Age: [] 18-29, [] 30-39, [] 40-49, [] 50-59, [] 60-69, [] 70+

Total Number of Persons in Household: _____

Household Income (all sources): _____

Number of Children under 18 in Household: _____ (for statistical purposes)

Is any member of the household disabled? ___ yes ___ no (for statistical purposes)

Comments:

Three horizontal lines for writing comments

Signature

Instructions: Please fill out and email or mail this form and the following to Julie@uwdesert.org or PO Box 13210 Palm Desert, CA 92255:

- 1. Copy of photo ID
2. Copy of latest water bill
3. Proof of combined annual income amount

*Must submit all documents and fully complete form to be awarded \$50.00 credit

**Credit may only be issued once per calendar year