



APPLICATION FOR UNITED WAY OF THE DESERT
EMERGENCY ASSISTANCE PROGRAM

Water Department Account Number
[Grid of 12 boxes for account number]

Water Company: _____

Date of Application: _____

Every utility bill must have its own application form

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 water@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 credit