



**APPLICATION FOR UNITED WAY OF THE DESERT
EMERGENCY ASSISTANCE PROGRAM**

Water Department 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: _____

Have you received a shut off notice? ___ Yes ___ No

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:

Customer Signature

Note: Please fill out and email this form and the following to: water@uwdesert.org:

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

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

**Credit may only be issued once per calendar year