



**SAHUARITA WASTEWATER ASSISTANCE PROGRAM
APPLICATION**

Account Number: _____ **Date:** _____

Applicant Name: _____
First Middle Last

Current Address: _____
Street Address City Zip

Phone No.: _____ **Email:** _____

Please provide information that will help us to understand your financial situation:

Type of Residence: Own _____ Rent _____

Applicant has an active sewer account with the Sahuarita Wastewater Utility: Yes ___ No ___

Applicant is listed on the sewer account: Yes ___ No ___

Applicant Social Security Number: _____

Number of adults in household: _____ **Number of children in household:** _____

*(Social Security cards for each household member **or** a copy of most recent Federal Tax Return showing social security numbers is required to be provided at time of appointment.)*

Income: Gross Monthly Income

Provide proof of income for the last 30 days for the following sources:

Employment Salary	\$ _____	Supplemental Security Income	\$ _____
Unemployment	\$ _____	DES Award Letter	\$ _____
Child Support	\$ _____	Disability	\$ _____
Alimony	\$ _____	Retirement Benefits	\$ _____
Social Security	\$ _____	Other	\$ _____
Total Monthly Income*:			\$ _____

** Total Monthly Income must be less than 175% of the Monthly Gross Income as provided on the FEDERAL POVERTY INCOME GUIDELINES (see table on eligibility criteria)*

This program will pay for current monthly sewer charges up to \$100 per bill for a maximum of four consecutive months. During this time no late penalties or interest charges will be accrued.

I certify by my signature that the information provided on this application is true, correct and complete to the best of my knowledge. I understand that filing false data is a felony, and is subject to penalties under Arizona law, including imprisonment.

Signature of Applicant

Date

Reviewed By (Town Representative)

Date