

**PAYSON WATER CO., INC.
APPLICATION FOR LOW INCOME PROGRAM**

Your Name _____
As it appears on your water bill or as appearing on valid identification

Customer Account No. _____

Service Address _____

Mailing Address _____
If different from above address

Daytime Telephone Number _____
Please include Area Code

Number of people living in household: Adults |_|_| + Children |_|_| = Total |_|_|

Total Gross Annual Income of Household: _____

**Applicants must provide a copy of their current picture ID, most recent water bill, and most recent proof of 30-day income (i.e., pay stubs, SSA, SSI, unemployment insurance, etc.) along with the application for verification of program eligibility. Annual low income cannot exceed 200% of the annual Federal Poverty Guidelines (\$24,980 for a single-person household and \$33,820 for a two-person household). For more information on the Federal Poverty Guidelines please visit www.aspe.hhs.gov.
Please note, if approved for the LIP, approval is ongoing. ***

By signing below, I certify under penalty of perjury that (1) this information is true and correct under the laws of the State of Arizona, (2) I am not claimed as a dependent on another person's tax return, and (3) I will provide proof of income and notify Payson Water Co., Inc. of any changes that affect my eligibility. I understand that if I receive the discount without meeting the qualifications for it, I may be required to pay back the discount I received.

Customer Signature

Date

INSTRUCTIONS: An Application for PWC's Low Income Program must be submitted every two (2) years. A Declaration of Eligibility must be submitted annually.

Submit completed application to:
Payson Water Co., Inc.
PO Box 2389
Prescott, AZ 86302
info@jwwater.net

FOR PAYSON WATER CO., INC. USE ONLY

Date received _____ Date Verified _____ Verified By _____