

**PAYSON WATER CO., INC.
LOW INCOME PROGRAM DECLARATION OF ELIGIBILITY**

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

I, _____,
Your Name (*please print*)

last submitted an LIP Application on _____
(dd/mm/yyyy)

and hereby confirm my eligibility for the year ending _____
(dd/mm/yyyy)

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 declaration to:

Payson Water Co., Inc.
PO Box 2389
Prescott, AZ 86302
info@jwwater.net

PAYSON WATER CO, INC. USE ONLY

Date received _____ Date Verified _____ Verified By _____