



Utility Assistance Program Terms and Conditions

Program benefits: The following benefits are available to eligible customers. However, funding is limited.

- A payment covering overdue water utility charges incurred between April 2020 and November 2020, not to exceed \$500. Environmental services fees (trash/recycling) are not eligible.
Payment will be applied directly to the EPWater account.

Eligibility requirements: Under federal and city grant rules, customers must meet the following requirements to be eligible for water utility assistance.

- Applicant must have an active account with El Paso Water. Account must be for residential services.
Applicant must reside at the property for which assistance is requested. Residence linked to utility account must be located within El Paso city limits; (For utility assistance outside city limits, please contact El Paso County (epcounty.com) or Project Bravo (projectbravo.org).
Applicant's household income must be at or below 80% of Area Median Income (AMI) at the time of application. Most recent monthly income details and documentation are required for the application and provide the basis for determining annual income.

El Paso 80% Area Median Income 2020

Table with 8 columns: 1 person, 2 persons, 3 persons, 4 persons, 5 persons, 6 persons, 7 persons, 8 persons. Values range from \$33,000 to \$62,200, with 'Or less' for each.

- Applicant must complete household income details and certification signatures required in this application and provide documentation.
Applicant must demonstrate and provide documentation of loss of income directly related to COVID-19 or complete the self-certification form attached.
Applicant's household must not receive any other COVID-19-related water utility assistance from other sources.
Only one application per household will be accepted.

Required documents: The following documents must be included with the application.

- Most recent EPWater bill;
Documentation of COVID-19-related impact on income with effective dates (examples: letter from employer on company letterhead, notification of furlough/layoff, eligibility notice for unemployment, self-certification form with details of hardship).
Documentation of income earned for recent full month (examples: pay stubs, letter from employer, SNAP benefit letter, self-declaration statement from adult household member declaring no income or self-employed income).

Disclaimer: Applications that are incomplete or missing documentation will be denied. If application is denied, a new complete application will need to be re-submitted with required documentation. Providing false or fraudulent information will result in the application being denied.

FOR MORE INFORMATION, PLEASE CONTACT US:

Email: customer.recovery@epwater.org OR Phone: (915) 263-4444

Applicant Information

Account #: _____ Date: _____

Full Name: _____
Last First M.I. Suffix

Gender: Male Female

Service Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Check if Mailing Address is Same as Above

Mailing Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Household Information

Household Member #	Name <i>(Last, First, MI)</i>	Relationship to the Account Holder <i>(spouse, child, housemate, etc.)</i>	Birth Date <i>(mm/dd/yyyy)</i>	Race*	Hispanic <i>(Y or N)</i>
(Applicant) 1					
2					
3					
4					
5					
6					

*Race, choose the most appropriate:
 White, Black/African American, Asian, American Indian, Native Hawaiian/Pacific Islander, Other Multi-racial

Do you or anyone in your household have a disability? Yes No

Please provide details on the loss of income in your household due to COVID-19. Please also provide documentation as outlined on the first page.

- Loss of job Yes No
- Furlough Yes No
- Reduced income (reduced hours, pay cut, reduced tips) Yes No
- COVID-19 sickness or death of household income earner Yes No

Please indicate whether the following apply:

- Household was quarantined due to COVID-19. Yes No
- Household at risk of foreclosure and/or displacement. Yes No
- Household is eligible for unemployment benefits. Yes No
- Household received a stimulus check. Yes No

Are you currently receiving any other COVID-19-related assistance for your water utility bill? Yes No

2020 Annual Income

Income Sources	HH Mbr# 1	HH Mbr# 2	HH Mbr# 3	HH Mbr# 4
Gross Salary including Overtime (before deductions)	\$	\$	\$	\$
Tips, Bonuses, etc.	\$	\$	\$	\$
Social Security, Disability	\$	\$	\$	\$
Pensions, Veterans Retirement Benefits, etc.	\$	\$	\$	\$
Unemployment Compensation (exclude federal pandemic unemployment compensation)	\$	\$	\$	\$
Alimony, Child Support	\$	\$	\$	\$
Welfare Payments (TANF, Aid to Families with Dependent Children, etc.)	\$	\$	\$	\$
Worker's Compensation, Severance pay	\$	\$	\$	\$
Regular Pay, special pay, and housing allowance for the Armed Forces	\$	\$	\$	\$
Other (please describe):	\$	\$	\$	\$
Total Annual Income for each Household Member	\$	\$	\$	\$
Total Annual Income for Household	\$			

Applicant Certification

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. I agree to provide any additional documentation required by the program administrator to document my/our household income. Signatures only required of adults and not those under 18 years of age.

APPLICANT		
Signature	Printed Name	Date
OTHER ADULT HOUSEHOLD MEMBERS		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

APPLICATION MAY BE SUBMITTED BY ANY ONE OF THE FOLLOWING:

EMAIL: CUSTOMER.RECOVERY@EPWATER.ORG
 FAX: (915) 621-2011
 MAIL: EPWATER CUSTOMER RECOVERY, P.O. BOX 511, EL PASO, TX 79961-0511

Internal Use Only

ATTACHED DOCUMENTS:

Water Bill COVID-19 Impact Documentation Proof of Occupancy (if not account holder)

Proof of Income: Pay Stubs Social Security Benefits Income Taxes SNAP benefit letter

Unemployment Compensation Other (_____)

APPROVED

DENIED

Date: _____

Date: _____

Amount _____

Reason: _____

SELF-CERTIFICATION LETTER

Name of Applicant: _____

Address of Applicant: _____

We require certain information to determine eligibility in this program. Completion of this form does not guarantee assistance. You will be notified if you are approved or denied assistance.

I hereby certify the following:

1. I am a resident of the City of El Paso, Texas.
2. I (or a member of my family in the same household) have been directly impacted by a loss of income due to the COVID-19 public health emergency.
3. I have been economically adversely affected by the Coronavirus Disease 2019 (COVID - 19) in the following ways (check all that apply):

_____ I lost my job/employment or my hours and pay have been significantly reduced.

_____ I have not received a stimulus check from the U.S. government because I was deemed ineligible to receive same, and I do not expect one in a timely manner.

_____ I have not received unemployment insurance or related payments, and I do not expect to receive any in a timely manner.

_____ I or someone in my family was sick with COVID-19, resulting in unexpected medical expenses.

_____ I am self-employed and my business has seen loss of revenues or closed.

_____ Other (please explain):

4. As of the date below, either I or someone in my household has received the following funds from other sources to help me with my water bill as a result of COVID-19:

\$ _____ from _____ for water utility assistance.

5. All information provided by me in connection with this Application is true, correct and complete to the best of my knowledge and belief.
6. I authorize El Paso Water to contact my previous employer, any governmental agency, utility provider and/or any other relevant party to obtain confirmation of this information, including without limitation pay stubs to review reduced hours, filed unemployment application, letter of termination or letter of furlough.

I declare that the foregoing is true, correct and complete to the best of my knowledge and belief. Failure to provide true and accurate information may result in having to return any assistance received under this program and/or becoming ineligible for other programs from the City of El Paso.

Executed on _____, 2020, in El Paso, Texas.

Signature of Applicant