



DOING THE MOST GOOD™



**The Salvation Army-Montgomery County Corps WSSC Water Fund Program**

Name: \_\_\_\_\_ Social Security (last 4): XXX-XX- \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Maryland Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

- 1.) **Total Number of People in Household:** \_\_\_\_\_  
 Number of people of in the household who are:
  - a.) Age 18 or under \_\_\_\_\_
  - b.) Age 19 – 60 years old \_\_\_\_\_
  - c.) Over 60 years old \_\_\_\_\_
  - d.) List the ages of the minor children in the household \_\_\_\_\_
- 2.) **Is anyone in the household a veteran?** Yes \_\_\_\_\_ No \_\_\_\_\_
- 3.) **Total Household Income:** \_\_\_\_\_ (bi-weekly) \_\_\_\_\_ (monthly) \_\_\_\_\_ (annually)  
 (All income must be verified)
- 4.) **Is the head of household currently employed?** Yes \_\_\_\_\_ No \_\_\_\_\_  
 (If yes, please provide documentation to verify employment of the head of household.)
- 5.) **How many household members over the age of 18 are employed?** \_\_\_\_\_  
 (If yes, please provide documentation to verify employment for all other employed household members.)
- 6.) **WSSC bill for which you are currently seeking assistance :**
- 8.) **Account Number:** \_\_\_\_\_ **Total Amount Due:** \_\_\_\_\_
- 9.) **Do you have a WSSC disconnection warning?** Yes \_\_\_\_\_ No \_\_\_\_\_
- 10.) **Is your water service currently disconnected?** Yes \_\_\_\_\_ No \_\_\_\_\_
- 11.) **Have you received assistance from WSSC Water Fund Program in the past?** Yes \_\_\_\_\_ No \_\_\_\_\_
- 12.) **Please explain your reason for needing assistance with your water bill:**

All information provided in this application is true and correct to the best of my knowledge. I understand that "false statements of information" could render my application invalid for funding consideration. I also understand that completion of this application does not guarantee the granting of funds. Also, by my signature below, I authorize The Salvation Army to gather any necessary information from additional agencies, vendors, or individuals involved in my case in order to qualify me for these funds. This consent will expire one year from the date below unless I indicate the withdrawal of my consent prior to one year signature and in writing to The Salvation Army.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**TO BE COMPLETED BY THE SALVATION ARMY STAFF**

	Yes	No
1.) <b>Staff verified that applicant meets income guidelines.</b> (Reviewing all income of all persons living in home as per guidelines)	_____	_____
2.) <b>Staff verified by call/email to WSSC the total amount of assistance needed to keep utility connected, reconnected, or to provide security deposit.</b>	_____	_____
3.) <b>Staff made referral(s) made to other providers.</b> If yes, list the agencies:	_____	_____
_____		
_____		

**APPLICANT'S BILL:**

Received from other sources:  
(Name source and amount)

Client.....	\$ _____
Other .....	\$ _____
<b>Total</b>	<b>\$ _____</b>

Amount to be paid by WSSC Water Fund Program:

a.) Water Assistance (not to exceed \$300) ..... \$ \_\_\_\_\_

**Grand Total**                      \$ \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Total Amount Due:** \_\_\_\_\_

**CASE SUMMARY (attach additional sheets as necessary):**

\_\_\_\_\_  
Salvation Army Staff - Signature

\_\_\_\_\_  
Date