



## Neighbors Helping Neighbors Application for Residential Customers

**CUSTOMER INFORMATION** *(Please print clearly)*

Account Number: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Home Address *(Do not use a P.O.BOX)* Apartment # City Zip

Mailing Address *(If Different from the above address)* Apartment # City Zip

Number of persons in Household: \_\_\_\_\_ Total Gross Annual Household Income: \_\_\_\_\_

**HOUSEHOLD INCOME ELIGIBILITY:** *(Please include documentation for boxes checked)*

You must report all income sources for all persons who reside in this household. Check all income sources that apply in the list below and attach documentation for each.

- Pensions
- Social Security
- SSDI
- Wages and/or profits from self employment
- Rental or Royalty income
- Disability or Workers Compensation Payments
- Scholarships, Grants or other aid for living expenses
- Insurance or Legal settlements
- Spousal or child Support
- Other income
- Statement explaining need for assistance

**DECLARATION:** *(Please read and sign)*

I Certify under penalty of perjury that the information on this declaration is truthful and correct. I agree to provide proof of income. Although this declaration is valid for twelve months, I will notify KWD of any changes that may affect my eligibility for assistance.

Applicant's Signature: \_\_\_\_\_

**IMPORTANT:** Your application will not be accepted if you do not include all documentation of income requested above. Processing time for applications is 3-4 weeks and if approved, the credit will appear on your next billing statement.



## Neighbors Helping Neighbors Application for Residential Customers

The City of Kingston is proud to be part of the community we serve and offer a new program to help pay part of the cost of water service for low-income residential customers or those experiencing a financial hardship.

### PROGRAM SUMMARY

The City of Kingston Water Department's "Neighbors Helping Neighbors" program provides temporary financial assistance with water and sewer bills to individuals and families who are customers of the Kingston Water Department.

### PROGRAM GUIDELINES

1. The KWD bill must be in applicants name or provide written authorization allowing a person or agency to apply on his/her behalf.
2. Applicant must live at the address where the assistance will be received.
3. The house or apartment must have an individual water meter.
4. Applicant household must meet the program income guidelines described in this application. For verification of income, we accept the prior year tax return, SSI letter or proof of ACH deposit, or two most recent pay stubs.
5. Applicant may not be claimed as a dependent on another person's income tax return other than spouse.
6. Applicant must agree to pay any balance due above and beyond the amount of assistance approved prior to receiving relief. If the remaining amount exceeds \$200 the applicant will be allowed to split the amount in to two consecutive monthly payments above and beyond their regular bill, with the understanding that failure to pay as promised will disqualify them from any future assistance.
7. Applicant may receive assistance one time in a twelve month period.
8. Applicant must notify KWD if household no longer qualifies for the Neighbor Helping Neighbor program.

Number of Persons in Household	Annual Income (based on total gross income of not more than)
1-2	\$23595
3	\$29685
4	\$35775
5	\$41865
6	\$47955
Each additional person add:	\$4060

**Return or Mail completed application and all documentation to:**  
**Kingston Water Department**  
**900 Waterford Place**  
**Kingston, TN 37763**

### OFFICE USE ONLY :

DATE RECEIVED	RECOMMENDED	PROCESSED BY	DATE
<b>COMMENTS:</b>			