

WE CARE TO SHARE PROGRAM APPLICATION FORM

The WE CARE TO SHARE Program is intended to help NMB Water customers who are experiencing financial hardship with financial assistance on their respective water consumption bills. This application form will provide the basis for evaluation in order to approve an applicant for a monetary customer assistance limited to once per year award not to exceed \$300.00. ^(a)

Applicant's Full Name: _____	Date of Birth: _____
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Full Address on Account: _____

Name on Account: _____

Applicant Phone Number: _____

1. Have you received a "Final Notice" on your NMB Water bill? Yes No

 If yes, has your water service already been turned off? Yes No

FINANCIAL

2. Please tell us about your household income (including yourself)

a) Number of Children under 4 _____	b) Number of Children 5 – 17 _____
c) Number of Adults 18 – 62 _____	d) Number of Adults 62 or Over _____

3. What is the ANNUAL household income? ^(b) \$ _____

4. What is your employment status?

Unemployed Unemployed (seeking) Retired Employed Part Time Employed Full Time Self Employed

5. What is your occupation (if currently employed)? _____ 6. Employer (if employed)? _____

7. Which income supports do you currently receive? (Select all that apply)

<input type="checkbox"/> Cash Assistance	<input type="checkbox"/> Child Support	<input type="checkbox"/> Food Stamps (SNAP)	<input type="checkbox"/> Kid Care
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> WIC	<input type="checkbox"/> Social Security Benefits
<input type="checkbox"/> Worker's Comp.	<input type="checkbox"/> Veteran Benefits	<input type="checkbox"/> Utilities/Housing	<input type="checkbox"/> Other: _____

Note: Supporting documentation (i.e. disconnect notice, final notice, copy of your state-issued driver's license) must be included with application. Tax return and/or check stub must be provided for all applicable members of the household.

STATEMENT/CERTIFICATION

8. Have you, or someone in your household, had a history of fraud or service tampering, including using a minor's or fictitious name unauthorized connection of the meter or tampering with the water service in any way?

Yes No

I certify that the above information provided in this document is true and accurate in all respects to the best of my knowledge.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

ONLY FOR COMMITTEE SIGNATURE AND APPROVAL

_____ NMB Water Director or Designee _____ Date	_____ Finance Director or Designee _____ Date	_____ Customer Service Manager or Designee _____ Date
<input type="checkbox"/> Approved \$ _____ <input type="checkbox"/> Not Approved		
Comment: _____		

^(a) Nothing herein guarantees payment assistance; No payment assistance will be awarded beyond funds available within the We Care to Share Program. ^(b) To be eligible, the total household income must fall at or below 150 percent (%) of the federal poverty level.