



APPLICATION INSTRUCTIONS FOR CARE AND CONSERVE WATER BILL PAYMENT ASSISTANCE

Thank you for requesting assistance from the Department of Watershed Management Care and Conserve Program. The Care & Conserve water bill assistance program helps City of Atlanta residential water customers who are in arrears on their water bills. Please note that *if your application is approved* assistance can only be granted once within a two (2) year period. Eligibility is determined primarily by income.

Please submit the following completed application and required documents by fax to (404) 979-7462 or you may mail your application to:

Attn: DWM Care and Conserve Assistance Program - 72 Marietta Street, Atlanta, GA 30303

Application	The application must be completely filled out and <u>signed</u> .
Copy of the Water Bill	Water bill must be in the name of the applicant applying for assistance. If the name is not on the water bill, contact City of Atlanta Watershed Management Customer Service at (404)546-0311 for more details.
Proof of Income	Proof of income for each adult member of the household and persons receiving public assistance (an adult is anyone 18 years and older). Examples of Proof of Income Documents: (SEE CHECKLIST) Paystubs from all sources include, but are not limited to: current Social Security Determination/Award letters, pension statements, Declaration Of Zero (0) Income forms.
Wage Inquiry Form <i>(Everyone 18 and above)</i>	A Wage Inquiry Form from a Georgia Department of Labor Office is required of ALL individuals ages 18 or older living in the residence. The form is required for all persons employed, unemployed, self-employed, receiving other forms of income or assistance, and persons who have never worked. Wage Inquiry Forms can be obtained free of charge by going to your local Georgia Department of Labor Office with an official picture ID. * Watershed Management <u>cannot</u> acquire Wage Inquiry Forms on behalf customers.
Affidavit Certifying Household Income	This form must include all members of the household. The affidavit certifying household income must be filled out completely. *
Census Verification/ Student Summary Report	A Census Verification/Student Summary Report is required for every school age child in the household, containing the child's most recent student data and household information. These can be requested from the school's record clerk or school registrar.

***Please be advised that the Department of Watershed Management reserves the right to require the provision of additional documents not listed above if additional verification is required.**

Other Eligibility Information:

- An account must be in arrears and must have gone through six (6) billing cycles to receive assistance. We cannot assist with deposits for new accounts or assist with funds to turn water service on.
- You must currently live on the property for which you are requesting assistance and the water service must **legally** be on.
- Payment arrangements may be required for a portion of the past due bills in order to receive assistance. **Arrangement amounts are based upon bill balances and payment history.**
- You must make consistent payments on your account. An inconsistent payment history may result in a denial of assistance. A broken payment arrangement may result in a denial of assistance.
- Water bill accounts and the application will be reviewed in order to determine eligibility. Applicants will be notified of their application status by phone or by mail. **It can take three (3) weeks or more to process an application.**
- You are responsible for making payments on your water bill **during** the application process.

Income limits for bill payment assistance are as follows:

Family size	1	2	3	4	5	6	7	8
Income	\$25,480	\$34,320	\$43,160	\$52,000	\$60,840	\$69,680	\$78,520	\$87,360

Phone (404)546-3620

Email: careconserve@atlantaga.gov

Fax: (404)979-7462

PLEASE ALLOW AT LEAST 3 WEEKS TO BE NOTIFIED OF APPROVAL STATUS



Bill Payment Assistance Check List

Completed and Signed Application

Completed and Signed Affidavit Certifying Household Income

Use the check list below to make sure you have ALL of the documents for EACH PERSON in the HOUSEHOLD

	Retired Persons (Ages 18 & Above)	Employed Persons (Ages 18 & Above)	Unemployed Persons (Ages 18 & Above)	Self Employed Persons (Ages 18 & Above)	School Children (Ages 5 -17)
GA Department of Labor Wage Verification Form					
Current Disability Income Statement					
Completed Declaration of Zero (0) Income Form <small>(Unemployed persons with no other sources of income)</small>					
Current Social Security Award Letter					
Current Supplemental Security Income Award Letter					
V.A. Benefits Statement					
TANF or Public Assistance Statement					
Pension Statements					
Three (3) Recent Paycheck Stubs					
Unemployment Insurance Statement (if applicable)					
School Census Verification Report					
1099- MISC & Independent Contractors Form					

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Bill Assistance Application Form

Please complete this form in its entirety with a signature and the date.

Water Bill Account No.	Home Phone ()	Mobile Phone ()
Customer Name	Address:	City, State, Zip Code
Best time to call:	Email Address:	

INCOME INFORMATION

Please list dollar amount (Indicate if amount is yearly or monthly)

Supplemental Security Income (SSI)	\$	Number of People in Home:
TANF	\$	Age of People in Home:
Wages	\$	Total Yearly Income of Entire Household: \$
Social Security Benefits or Railroad Retirement	\$	<p>Please check one of the following:</p> <input type="checkbox"/> I own my home <input type="checkbox"/> I rent/lease my home <small>(Renters MUST complete the below information in order to receive assistance)</small> <u>LANDLORD'S INFORMATION</u> Name _____ Email _____ Phone Number _____ Mailing Address _____ City, State, ZIP _____
Self-Employment	\$	
Unemployment Insurance	\$	
Pension or VA benefits	\$	
Other (specify) _____	\$	
Other (specify) _____	\$	

APPLICANT'S SIGNATURE / AUTHORIZATION

I declare to the best of my knowledge the above information is true and this is an accurate statement of my total annual household income. I understand that if any or all of the information which I have given is found to be invalid or falsified, that I can and will be required to repay the City of Atlanta for all goods, services and assistance rendered to me under the Care and Conserve Program.

Account Holder's Signature _____ Application Date _____

FOR DWM OFFICE USE ONLY

Eligibility Level: \$	Eligible: [] Yes No []	[] Approved Manager Approval / Signature:
Reviewer:	Date:	[] Denied / Reason for Denial:

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AFFIDAVIT CERTIFYING HOUSEHOLD INCOME

Please list EVERY person that lives in your household.

	NAME	GENDER	LAST FOUR SS#	BIRTH DATE	AGE	INCOME	
SELF						\$	
2						\$	
3						\$	
4						\$	
5						\$	
6						\$	
7						\$	
8						\$	
9						\$	
10						\$	
11						\$	
12						\$	

I certify that I have declared all members of my household presently residing in my place of residence and have provided all sources and amounts of income for all persons living in my household to the City of Atlanta Department of Watershed Management for the purpose of receiving Care & Conserve Water Bill Assistance.

I also understand that a person who knowingly and willfully falsifies, conceals, or covers up a material fact, or makes a false, fictitious or fraudulent statement may have all assistance revoked and is subject to punishment, fine and imprisonment by federal and state agencies.

Printed Name

Account Holder's Signature

Date

Phone (404)546-3620

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Declaration of Zero (0) Income

Please complete this form for **EACH** non-working person, eighteen (18) years of age and older, who **does not** receive SSI, Social Security Benefits, Unemployment Benefits or other forms of financial/income assistance. If more than one adult has no income, please make a copy and use a **separate** form for **each** adult.

I, _____ have been unemployed since ____/____/____,
Month Date Year
and do not have any source of income at this time. The last place that I worked was:

Name

Address

City, State, Zip Code

Telephone Number

___ I am not eligible for unemployment benefits. (State Reason)

___ I am eligible for unemployment benefits but have not received a check yet.

___ I am unable to work because:

My household expenses (food, utilities, rent, etc.) are currently being paid by:

Collateral Contact: Please list the name and contact information of one person not living with you that can be contacted to verify that you are not employed and have no source of income to meet your expenses.

I understand that if any information or all information which I have given is found to be invalid or falsified, that the customer associated with this account can and will be required to repay assistance rendered during and under this program.

Signature: _____ Date: _____

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OFFICE OF FINANCE
PHONE: 404.546.3620

Water Service Adjustment Request

To request an adjustment due to a leak repair, please complete this form and submit it to the ATL 311.com portal. For help with this, please call 404.546.3620. You may also fax your documentation to 404.979.7462 or email us at careconserve@atlantaga.gov.

Today's Date: _____

Dear Care & Conserve:

I have received a high water bill and would like to request an adjustment. The address is

Street City State Zip

The name on the account is _____. My account number is

_____. I am requesting an adjustment in the amount of

\$_____ from the month(s) of _____. A leak has

been found and has or has not been repaired by _____ on

(date) _____.

The following property leak type has been found:

No Leak Was Found Underground Irrigation System Toilet/Faucet

Other type (please list) _____

I understand that it is my responsibility to furnish proof that the leak existed and that repairs have been made.

I have enclosed a copy of the purchase invoice or plumbers statement if invoice is not available.

Yes No

I may be contacted by Phone _____ or Email _____.

OFFICE USE ONLY:

CYCLE _____ Reviewed by _____ Date: _____ Invoice/Proof Attached

Approved Denied Send to IRC

For adjustments associated with the City of Atlanta Department of Watershed Management

Care & Conserve Program ONLY.

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Plumber's Statement

Please have your plumber complete the form below if no invoice is available. Once completed, include this form along with your water service adjustment request form. Invoice and Plumber's Statement not necessary. Please provide either/or.

1. Name (Mr./Mrs./Ms.): _____
2. Business Address: _____
Street City State Zip
3. Business Telephone #: _____
4. Date of Repairs: _____
5. Type of Repairs Completed: _____

6. Specific Location of Repairs: _____

OFFICE USE ONLY:

CYCLE _____ Reviewed by _____ Date: _____ Invoice/Proof Attached

Approved Denied Send to IRC

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