



# City of Thornton

## 2019 Assistance Program Application

Date Submitted: \_\_\_\_\_

Qualified?

**Complete both sides of this application & provide the following documents with the application.**

### Resident and Program Eligibility Documents

- ❖ Government-issued photo identification document for person(s) on water bill.
- ❖ A copy of your Thornton Water bill; OR
- ❖ Rent agreement and water bill from property manager, if you do not have a Thornton Water account.

### Income Verification Documents

- ❖ A current benefit statement if the household members are receiving SNAP, TANF, WIC, LEAP or the adults living in the home are covered through Medicaid; OR
- ❖ A tax return for the 2018 year + 2 recent monthly bank statements; OR
- ❖ All recent income documents for people age 18 or older living in the house + a current monthly bank statement. Income includes wages, social security, retirement/pension/stock distributions, unemployment, child support, alimony, income from renters, tips, grants and monetary gifts.

Full Name: \_\_\_\_\_

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

City, Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Months/Years at Current Address: \_\_\_\_\_

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

What type of home do you live in?  Apartment  Townhome/Condo  House  Manufactured Home

Do you receive financial assistance with your rent/mortgage cost from an agency?  No  Yes

If yes, what agency provides your assistance? \_\_\_\_\_

**ALL HOUSEHOLD MEMBERS:** you plus all the people who live in the house with you.

Full Name	Relationship to You	Date of Birth	Age	Gross Monthly Income
	Self			

# AFFIDAVIT

I swear or affirm under penalty of perjury under the laws of the State of Colorado that I am a United States citizen, or that I am a permanent resident of the United States, or I am lawfully present in the United States pursuant to federal law. I understand that state law requires me to provide proof that I am lawfully present in the United States in order to receive this public benefit.

**Also, I certify that the information provided on and with this application is true and correct to the best of my knowledge.** I understand that if I have provided false or misleading information, I will be denied assistance or expected to repay the water cost. **I authorize City of Thornton staff to verify all information provided.** I will comply with all City policies and ordinances for this program. I understand that income-qualified applicants can only receive assistance once during the calendar year.

---

Print Full Name of Applicant

---

Applicant Signature

Date

---

## SECTION BELOW THIS LINE FOR CITY STAFF ONLY

### Staff - Check the following information:

A copy of the identification **MUST** accompany this application to demonstrate lawful presence:

- Valid Colorado driver's license or Passport                       Colorado ID card or Military ID card  
 Visa, Certificate of Indian or Alaskan Native Blood, other proof of legal residence in the U.S.

Has the applicant received water assistance this calendar year? (*Check Excel & CIS*)     Yes     No

Date referred from Utility Billing: \_\_\_\_\_

Is the applicant an individual metered or master meter water customer?

- Individual     Master Meter (*Use MM Review Sheet*)

Does the applicant have a non-arrangement water account? (*Check CIS*)     Yes     No

Is the applicant a Thornton resident? (*Verify address through property browser map*)     Yes     No

Does applicant own or rent their home? (*Verify through County records*)     Own     Rent

Programs qualified for:     Water Assistance     Senior Tax Rebate     Reduced Recreation Fee

---

Signature of Reviewer

---

Signature of Authorizer

Date