



Utility Assistance Program Terms and Conditions

Program benefits: The following benefits are available to eligible customers. However, funding is limited.

- AguaCares funding is only available as a credit to qualifying customers and will cover overdue water utility charges incurred not to exceed \$250.
Payment plan credit is only eligible to customers who have agreed to (and are following through on) payment plans or have at least three consecutive months of making a good faith effort to make payments toward their balances.

Eligibility requirements: Under AguaCares rules, customers must meet the following requirements to be eligible for water utility assistance.

- Applicant must have an active account with El Paso Water. Account must be for residential services.
Applicant must reside at the property for which assistance is requested. Residence linked to utility account must be located within El Paso city limits;
Applicant's household income must be at or below 80% of Area Median Income (AMI) at the time of application. Most recent monthly income details and documentation are required for the application and provide the basis for determining annual income.

El Paso 80% Area Median Income 2023 (to be updated when 2024 federal numbers have been provided)

Table with 8 columns: 1 person, 2 persons, 3 persons, 4 persons, 5 persons, 6 persons, 7 persons, 8 persons. Values range from \$38,150 to \$71,900.

- Applicant must complete household income details and certification signatures required in this application and provide documentation.
Only one application per household will be accepted.

Required documents: The following documents must be included with the application.

- Most recent EPWater bill
Documentation of income earned for recent full month (examples: pay stubs, letter from employer, SNAP benefit letter, self-declaration statement from adult household member declaring no income or self-employed income).

Disclaimer: Applications that are incomplete or missing documentation will be denied. If application is denied, a new complete application will need to be re-submitted with required documentation. Providing false or fraudulent information will result in the application being denied.

FOR MORE INFORMATION, PLEASE CONTACT US:

AguaCares@EPWater.org

## Applicant Information

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

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

*Last*
*First*
*M.I.*
*Suffix*

Gender:  Male  Female

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

*Street Address*
*Apartment/Unit #*

\_\_\_\_\_  

*City*
*State*
*Zip Code*

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

Check if mailing address is same as above.

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

*Street Address*
*Apartment/Unit #*

\_\_\_\_\_  

*City*
*State*
*Zip Code*

## Household Information

Household Member #	Name <i>(Last, First, MI)</i>	Relationship to the Account Holder <i>(spouse, child, housemate, etc.)</i>	Birth Date <i>(mm/dd/yyyy)</i>
(Applicant) 1			
2			
3			
4			
5			
6			

Please provide details on the loss of income in your household if applicable. Please also provide documentation as outlined on the first page.

**Annual Income**

Income Sources	Household Member 1	Household Member 2	Household Member 3	Household Member 4
Gross salary including overtime (before deductions)	\$	\$	\$	\$
Tips, Bonuses, etc.	\$	\$	\$	\$
Social Security, Disability	\$	\$	\$	\$
Pensions, Veterans Retirement Benefits, etc.	\$	\$	\$	\$
Unemployment Compensation (exclude federal pandemic unemployment compensation)	\$	\$	\$	\$
Alimony, Child Support	\$	\$	\$	\$
Welfare Payments (TANF, Aid to Families with Dependent Children, etc.)	\$	\$	\$	\$
Worker’s Compensation, Severance Pay	\$	\$	\$	\$
Regular pay, special pay, and housing allowance for the Armed Forces	\$	\$	\$	\$
Other (please describe):	\$	\$	\$	\$
<b>Total Annual Income for Household</b>	\$			

## Applicant Certification

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. I agree to provide any additional documentation required by the program administrator to document my/our household income. Signatures only required of adults and not those under 18 years of age.

## APPLICANT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### APPLICATION MUST BE SUBMITTED VIA EMAIL TO THE FOLLOWING:

EMAIL: AguaCares@epwater.org

## Internal Use Only

### ATTACHED DOCUMENTS:

Water Bill     Proof of Occupancy (if not account holder)

**Proof of Income:**     Pay Stubbs     Social Security Benefits     Income Taxes     SNAP benefit letter

Unemployment Compensation     Other (\_\_\_\_\_)

**ELIGIBLE**

**NOT ELIGIBLE**

**PREVIOUS PAYMENTS OF AT LEAST 3 MONTHS TOWARD BILL OR PAYMENT PLAN CONFIRMED**

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Ineligibility Reason: \_\_\_\_\_