# City of Portsmouth NH

## Water and Sewer Temporary Assistance Program Application

COMPLETE ONE APPLICATION PER HOUSEHOLD

The City of Portsmouth's Water and Sewer Temporary Assistance Program is to benefit customers affected by specific major event(s) in their life that occurred within the past six {6) months, by offering a one-time per year financial assistance of 50% credit toward an outstanding residential water and sewer service balance, up to $300.

**Applicants for the Temporary Water and Sewer Assistance Program must schedule an appointment through the Water & Sewer Billing Office.**

**Documentation Required to Qualify for Water and Sewer Temporary Assistance Program**

- ☐ **Copy of most recent water and sewer bill**
- ☐ **Proof of household income (last 90 days)** (All members 18 years and older)
- ☐ **Photo ID**
- ☐ **Documentation of hardship/crisis**

1. Are you the current resident on record with the Water and Sewer Dept.? Yes D **No D**

2. Are you responsible for the payment of your Water and Sewer bill? **Yes O** **No D**

**PLEASE PRINT**

| First Name / Last Name / M.I., | | Your Social Security Number --- --- |
|---|---|---|
| Current Address (number and street, including route) | | Apt.# |
| City | State | Zip Code |
| Daytime Telephone including Area Code ( ) | E-mail Address (OPTIONAL) | Date of Birth |
| Name on Water and Sewer Bill | Water and Sewer Account Number | Service Address |

3. Check the box that most closely describes the type of building you live in. {Check one box only)

☐Single Family ☐Multi-Family ☐condominium ☐Mobile Home

4. Including yourself, please list names, relationships, and social security number(s) of everyone residing in your household. If necessary, attach a separate sheet for additional family members.

| Household Members | Age | Relationship to You | Social Security Number |
|---|---|---|---|
| | | SELF | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**YOU MUST SCHEDULE AN APPOINTMENT THROUGH THE WATER & SEWER BILLING OFFICE TO RECEIVE THIS ASSISTANCE**

# City of Portsmouth NH
## Water and Sewer Temporary Assistance Program Application

COMPLETE ONE APPLICATION PER HOUSEHOLD

I hereby attest that I have experienced one or more of the following eligible major life events:

Eligible Major Life Events
(Check all that apply)

☐Major Medical Expenses - Not covered by any other source such as insurance or savings.
☐Employment Status Change - Change in status such as loss of job or reduced hours/pay.
☐Marital Status Change - Change due to separation, divorce, or death of spouse.

I understand that I must provide documentation demonstrating financial hardship due to one or more Eligible Major Life Events, and agree to provide documentation as listed below:

Documentation Accepted to Verify Qualifying Crisis
(Submit all that apply)

Major Medical Expenses
☐Letter from Physician
☐Workers' Compensation Documents (Application and Denial/Award Letter)
☐Notarized Letters from third-parties documenting loss of income
☐Foreclosure Documents
☐Additional Documentation

_____
{Please describe)

Employment Status Change
☐Unemployment Documents (Application and Denial/Award Letter)
☐Employment Termination Letter
☐New Hire Offer Letter
☐Pay Stubs reflecting change in wages or hours
☐Foreclosure Documents
☐Notarized Letters from third-parties documenting loss of income
☐Additional Documentation

_____
(Please describe)

Marital Status Change
☐Divorce Decree or Separation Documents
☐Death Certificate
☐Foreclosure Documents
☐Notarized Letters from third-parties documenting loss of income
☐Additional Documentation

_____
(Please describe)

**YOU MUST SCHEDULE AN APPOINTMENT THROUGH THE WATER & SEWER BILLING OFFICE TO RECEIVE THIS ASSISTANCE**

## City of Portsmouth NH

## Water and Sewer Temporary Assistance Program Application

COMPLETE ONE APPLICATION PER HOUSEHOLD

# HARDSHIP LETTER

*Use the space below to briefly explain your particular hardship, and how it has affected you personally.

**SIGNATURE REQUIRED:**

I, _____, (print name) affirm that all of the information that I have provided on this application, and any information I have submitted to The City of Portsmouth in support of my application for the Water and Sewer Temporary Assistance Program, is true and accurate. I understand that by signing this form, I authorize the City of Portsmouth, or its designated representative's access to public assistance, social security, employment or other records needed to verify any statements I have made.

I understand that completion of this Application and Agreement does not guarantee that I will receive a credit under the Temporary Assistance Program. I further understand that the Temporary Assistance Program does not guarantee a payment plan or guarantee that water shut-off will be suspended.

CUSTOMER SIGNATURE _____ DATE _____

PRINTED NAME _____ ACCOUNT NUMBER _____

ADDRESS _____

**Please** call **to set** up **your appointment:**
The **Water** & **Sewer Billing Office**
**City Hall** - One Junkins **Avenue**
**Portsmouth, NH 03801**
**Phone(603)610-7267**

YOU MUST SCHEDULE AN APPOINTMENT THROUGH THE WATER & SEWER BILLING OFFICE TO RECEIVE THIS ASSISTANCE