City of Portsmouth NH

Water and Sewer Annual Assistance Program Application

COMPLETE ONE APPLICATION PER HOUSEHOLD

If you currently receive a bill from the City of Portsmouth Water and Sewer Division, you may be eligible for a 25% discount on your water and sewer bill. Eligibility is determined by gross household income (total income, including rent, tips, dividends, and all wages or salary, before deductions), the number of household members, and you must reside at the property and be the resident of record at the service address.

Discounts are effective for one year and reapplication is required on an annual basis.

DO NOT MAIL COMPLETED APPLICATION OR ANY BACKUP DOCUMENTATION TO THE CITY OF PORTSMOUTH. ALL APPLICANTS MUST SCHEDULE AN APPOINTMENT WITH THE BILLING OFFICE.

NOTE: Within three (3) weeks after your appointment you will receive a notification of approval, pending, or denial. Discounts are good for one year. You need to reapply each successive year.

2026/2027 Utility Discount Income Guidelines
200% Federal Poverty Income Guideline Level

Size of Household	Annual Household Income
1	$45,734
2	$59,806
3	$73,878
4	$87,950
5	$102,021
6	$116,093

Documentation Required to Qualify for Water and Sewer Annual Assistance Program

□ **Copy of most recent water** □ **Proof of household income** **(last 90 days)** □ **Photo ID and sewer bill**
(All members 18 years and older)

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

2. Are you responsible for payment of your Water and Sewer bill? Yes ☐ No ☐

PLEASE PRINT

First Name	M.I.	Last Name	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.

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

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Household Members	*Age*	*Relationship to You*	*Social Security Number*
		Self	

5. List total gross household income for the last 90 days including applicant and any member of the household age 18 and above. _____

6. What is the source of your total gross household income (check all that apply)? If none please complete Step #7 (Self Declaration of No Income).

___Wages ___Pension ___Social Security ___Child Support

___Self-Employment ___VA Pension ___SSDI ___Unemployment

___VA Disability ___SSI ___TANF ___Other _____

Other household expenses (List approximate or actual amounts):

Food:_____ **Gas/Propane**:_____ **Car Payment**:_____

Telephone:_____ **Electric**:_____ **Car Gasoline:**_____

Laundry:_____ **Water/Sewer**:_____ **Car Insurance:**_____

Medical Co-Pays:_____ **Prescriptions:**_____ **Cable/internet**_____

Child care_____ **child support PAID**_____ **diapers/wipes**_____

Health insurance_____ **Storage**:_____ **other:**_____

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 Annual 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.

Signature (Required) _____ **Date**_____

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7. Self Declaration of No Income **(please complete and sign below if you have "No Income")**.

I, _____ (print name), affirm that during the last 90 days from my Application date, my household (including myself and any member of my household age 18 and above) has not received income from any source. 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:

Please explain how your household has been maintained during this period:

_____
_____
_____
_____
_____
_____

Signature (Required) _____ **Date**

PLEASE BRING COMPLETED APPLICATION AND REQUESTED DOCUMENTATION TO YOUR APPOINTMENT!

Please call to set up your appointment:
The Water & Sewer Billing Office
City Hall – One Junkins Avenue
Portsmouth, NH 03801
Phone (603) 610-7248

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For office use only:

Date received: ____ Date processed: _____ Intake Staff: _____ Client Number: _____

☐Approved _____ ☐Denied (reason for denial)

_____

☐Pending (returned to applicant for the following information) _____

Notification Date: _____

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