



PLEASE PRINT CLEARLY. SUBMIT ONE APPLICATION PER HOUSEHOLD.

Please attach your **Photo ID, Social Security Card, Income Documents/Public Assistance Certification**, and a current **Water Bill**. If you need assistance completing this application, please call 671-638-3814 or 3815.

APPLICANT INFORMATION			
Last Name	First Name & M.I.	Social Security Number	Date of Birth
Physical Address		Gender	Marital Status
Mailing Address		Employment Status (Employed, Unemployed, Retired, Student, etc.)	
Home#	Work#	Cell#	Email Address
Race <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other _____			
Does any household member have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	

HOUSEHOLD INFORMATION (List all persons who live with you)						
Last Name	First Name	Relationship to Applicant	Date of Birth	Social Security No.	Employment Status (employed, unemployed, retired, student, etc)	US Citizen or *Qualified Non-Citizen
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

I HAVE ATTACHED A SEPARATE SHEET OF PAPER WITH ADDITIONAL NAMES.

*Qualified Non-Citizens include lawful permanent residents, asylees, refugees, and certain individuals with parole status.

HOUSEHOLD INCOME INFORMATION
Have all adult household members (not claimed by others) filed their 2020 or 2021 taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", Complete Table A and C. If "No", complete Table B and C.

Table A		
Full Name	2020 or 2021 Tax Form (1040, 1040-X, 1040-SR)	Adjusted Gross Income Amount
		\$
		\$
		\$
	TOTAL	\$

Table B

Full Name	Type of Income <small>(wages, self-employed, retirement, social security benefits, etc.)</small>	Amount of Gross Monthly Income
		\$
		\$
		\$
TOTAL		\$

Table C

Are you or a member of your household **currently** receiving any of the following assistance? Yes No

If YES, check all that applies and provide case number/program name:

- Temporary Assistance for Needy Families (TANF); **Certification number:** _____
- Supplemental Nutrition Assistance (SNAP); **Certification number:** _____
- Low Income Household Energy Assistance Program (LIHEAP); **Case number:** _____
- Means-tested Veterans Programs; **Program name:** _____
- Supplemental Security Income (SSI)

WATER INFORMATION

GWA Account Number: _____ Account Holder: _____

Has your water been disconnected? Yes No

If YES, when was it disconnected? _____

What is the total amount past due (include arrears, late fees, and reconnection fees)? _____

Is your water account past due? Yes No

If YES, what is the total amount past due (include arrears, late fees, etc.) _____

Have you received a disconnection notice? Yes No

Is your water account on a payment plan? Yes No

If YES, when did the payment plan start? _____

What is the total amount owed on the payment plan? _____

LANDLORD INFORMATION (FOR RENTERS ONLY)

Are your water services under your landlord's name or included in your rent? Yes No

If YES, please provide information on your landlord and a copy of your lease agreement:

Name _____ Email Address: _____

Address: _____ Contact Number: _____

CERTIFICATION

I acknowledge and agree with the following statements below:

- I understand the Department of Administration may validate my information with the Department of Revenue and Taxation, Department of Public Health and Social Services, the Department of Veterans Affairs, and my respective Mayor's Office.
- I understand to the best of my knowledge, I have not applied for or received any assistance from another utility assistance program for the exact same expenses being requested on this application.

WARNING Title 18, Section 1001 of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS to any department or agency of the United States. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER GUAM LAWS.

Signature of Applicant: _____ Date: _____

*******OFFICIAL USE ONLY*******

I certify the applicant is **ELIGIBLE** based on information provided in the application

Total Household Income: \$ _____

I certify that applicant is **INELIGIBLE** based on the information provided in the application

Total Household Size: _____

Reviewed By: _____ Reviewer Signature: _____ Date: _____