

EMERGENCY WATER SHUTOFF PAYMENT ASSISTANCE Homeowner Application

Submit completed application with supporting documents to United Way of Saginaw County.

<https://www.unitedwaysaginaw.org>

Please:

Print clearly.

Do NOT include original documents (send photocopies).

Avoid Processing Delays:

Applications must:

- Be complete, signed and dated.
- Include all supporting documents as listed in the attached checklist.
- Be submitted to United Way of Saginaw County.

Applications submitted without required supporting documents will be delayed and will not be processed until received.

Who is eligible?

You may be eligible for the Homeowner Emergency Water shutoff payment assistance program if you meet **all** the following conditions:

1. Have received a past-due water shutoff notice
2. Have a gross household income below 80% area median income (AMI), for the area
3. A state ID in the homeowners name (with supporting proof of residency if the address does not match the home)
4. A copy of the actual water shutoff notice including account number
5. Proof of income

COMPLETED APPLICATIONS AND CORRESPONDING PAPERWORK CAN BE EMAILED OR FAXED.

APPLICATIONS ARE PROCESSED ON A FIRST COME FIRST SERVED BASIS, AS AVAILABLE FUNDS ARE LIMITED.

Email ALL documents to: waterhelp@unitedwaysaginaw.org OR

FAX ALL documents: 989-755-2158

Notification to homeowner will be made as payments are processed via email or telephone.

Call: 211 for additional help if needed

Disclaimer: Funds are limited. Payments are based on eligibility, first come first served basis and are processed until funds are no longer available.

United Way of Saginaw County - Homeowner Water Shutoff Assistance

1. Homeowner Information

Full Name (Head of Household)		Date of Birth (mm/dd/yyyy)		Social Security Number		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender Non-Conforming		Race check all that apply <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino		Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No						

2. Household Information – List all other persons living with you.

Full Name		Date of Birth (mm/dd/yyyy)		Social Security Number		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender Non-Conforming		Race check all that apply <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino		Disabling Condition <input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to Head of Household <input type="checkbox"/> Head of Household's child <input type="checkbox"/> Head of Household's spouse or partner <input type="checkbox"/> Head of Household's other relation member (other relation to head of household) <input type="checkbox"/> Other: non-relation member				

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United Way of Saginaw County - Homeowner Water Shutoff Assistance

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*Complete additional pages as needed to respond for all household members



United Way of Saginaw County - Homeowner Water Shutoff Assistance

3. Household (Contract Unit) Address

Address (number, street, and apt. or suite no.)	City	State	Zip Code
County			

4. Mailing Address, if different than above

Address (number, street, and apt. or suite no.)	City	State	Zip Code
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5. Contact Information

Phone Number	Contact name and number to leave messages	Email Address
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FY 2021 Income Limit Area	Median Family Income Explanation	FY 2021 Income Limit Category	Persons In Family							
			1	2	3	4	5	6	7	8
Saginaw, MI MSA	\$63,900	Very Low (50%) Income Limits (\$) Explanation	22,600	25,800	29,050	32,250	34,850	37,450	40,000	42,600
		Extremely Low Income Limits (\$)* Explanation	13,550	17,420	21,960	26,500	31,040	35,580	40,000*	42,600*
		Low (80%) Income Limits (\$) Explanation	36,150	41,300	46,450	51,600	55,750	59,900	64,000	68,150

6. Household Income – Does your household have any income? No Yes → Total monthly household income \$ _____

Does your household receive benefits from the Food Assistance Program (FAP)? No Yes

Please check **all** sources of income that your household received in the last 30 days (one month). **ATTACH PROOF**

- | | | |
|---|---|--|
| <input type="checkbox"/> Social Security benefits | <input type="checkbox"/> Disability benefits | <input type="checkbox"/> Employment/earned income |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Self-employment income | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Pension/retirement benefits | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Money from family/friends |
| <input type="checkbox"/> Veteran's benefits/Military allotments | <input type="checkbox"/> Child Support | <input type="checkbox"/> Other, please list: _____ |
| <input type="checkbox"/> Tribal payments (Energy Assistance/LIHEAP, tribal GA, casino/gambling profit sharing, land claims, etc.) _____ | | |
| <input type="checkbox"/> Rental income or a land contract, mortgage, or other payment payable to a household member | | |

Household Member Name*	Source of Income (include employer name, if applicable)	Rate of Pay or Payment Amount	Number of hours worked per week (if applicable)	Payment Basis (hourly, weekly, monthly, etc.)

*Complete additional pages as needed to respond for all household members

I certify that, to the best of my knowledge and belief, all the information presented and attached to this application is true, correct, and complete in every respect, fully discloses my household income from all sources, and accurately represents my/our current living circumstances. I understand providing false statements or information is grounds for denial of program assistance and potential prosecution. I authorize United Way of Saginaw County, and any of its authorized representatives to verify the information provided in this application is true and correct. I also understand additional information may be required to move forward with this program and/or verify my eligibility for assistance.

Signature

Date

