



WATER INCENTIVE PROGRAM (WIN) APPLICATION



Eligibility Information

An applicant may be eligible up to \$2,000 one-time annual payment in assistance (assuming the property has no leaks) and up to \$1,000 one-time annual payment (assuming the property has a leak). The amount of assistance is limited to the actual charges on the water and or sewer bill.

Applicants must be Maryland residents who are responsible for the payment of a water and/or wastewater bill issued by the City of Salisbury, MD. Applicants must live at the property for which assistance is being provided. Total household income may not exceed the gross income thresholds shown below.

Applicants are considered automatically eligible for the WIN Program if they are currently receiving any of the following assistance: Energy assistance from the Office of Home Energy Programs (OHEP) | Temporary Cash Assistance (TCA) | Temporary Disability Assistance Program (TDAP) | Supplemental Nutrition Assistance Program (SNAP) | Supplemental Security Income (SSI) | Emergency Rental Assistance Program (ERAP)

MAXIMUM MONTHLY GROSS INCOME (BEFORE TAXES) INCOME STANDARDS FOR HOUSEHOLDS

Household Size (# of people)	Household Income
1	\$3,121 / mo
2	\$4,081 / mo
3	\$5,041 / mo
4	\$6,000 / mo
5	\$6,962 / mo
6	\$7,922 / mo
7	\$8,102 / mo
8	\$8,282 / mo

Effective July 1, 2021 to June 30, 2022 based on 60% of the State Median Income. For each additional household member, add \$180 / mo.

Be sure to fill out this application clearly and completely. You must provide documentation to prove any information provided on this application. Documentation includes:

- ✓ Copy of a Driver's license or other government issued identification card
- ✓ Proof of where you live (this can be your water and/or wastewater bill)
Copies of Social Security Cards for everyone in your household
- ✓ Proof of all gross (pre-tax) income for everyone in your household for the last 30 days (such as a paystub, Social Security letter, child support letter, unemployment letter, self-employment documentation, etc.)

If your household received no income in the 30 days prior to this application, you must sign a Declaration of Zero Income and provide additional information on how your household is meeting your basic needs. The form is available on the Home Energy website

<https://dhs.maryland.gov/office-of-home-energy-programs/>.

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What language do you speak?

English Spanish Other _____

Free translation services are available by calling your local Department of Social Services, Local OHEP office, or call 1-800-332-6347

APPLICANT INFORMATION

Name _____

Social Security Number ____ - ____ - ____

Email Address _____

Mailing Address, City, State, ZIP _____

Primary Phone Number _____

Secondary Phone Number (if applicable) _____

WATER/SEWER INFORMATION

Company Name _____

Account Number _____

Name on Account _____

Service Address _____

I have a termination notice Yes No

My water service has been disconnected Yes No

Water balance due \$_____

My household rents our home and the water bill is in the landlord's name

Yes No *If you checked YES, please provide a copy of your most recent rental receipt or lease stating that water is covered in your rental fee.*

Landlord Name or Company _____

Landlord Street Address _____

Landlord Phone Number _____

HOUSEHOLD INFORMATION

If the applicant or any household members aged 18 or older received income in the 30 days prior to the submission of this application, you will be required to provide proof (paystubs, benefit award letters etc.) of all income received. Providing proof at the time of application will help expedite the processing of your application. For each household member, list all sources of income received in the last 30 days below.

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First and Last Name _____

Date of Birth _____

US Citizen Yes No

Social Security Number ____ - ____ - ____

Relationship to Applicant _____

30-day Gross (pre-tax) Income \$ _____

Income Sources (Wages, TCA, SSI, SSDI) _____

First and Last Name _____

Date of Birth _____

US Citizen Yes No

Social Security Number ____ - ____ - ____

Relationship to Applicant _____

30-day Gross (pre-tax) Income \$ _____

Income Sources (Wages, TCA, SSI, SSDI) _____

First and Last Name _____

Date of Birth _____

US Citizen Yes No

Social Security Number ____ - ____ - ____

Relationship to Applicant _____

30-day Gross (pre-tax) Income \$ _____

Income Sources (Wages, TCA, SSI, SSDI) _____

OTHER ASSISTANCE RECEIVED

If you answer YES to any of the questions below, please help expedite the processing of this application by attaching a copy of the award letter or other proof of assistance received.

Do you receive energy assistance through the Office of Home Energy Programs (Maryland Energy Assistance Program, Electric Universal Service Program)?

Yes No

Do you receive Supplemental Social Security? Yes No

Do you receive Veterans or Social Security Disability benefits? Yes No

Do you receive any other form of financial assistance from the State of Maryland? Yes No

Do you receive any other form of financial assistance from the State of Maryland (SNAP, TCA, TDAP & ERAP)? Yes No

If yes, please identify the assistance received. _____

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ACKNOWLEDGEMENT AND SIGNATURE

You or your Authorized Representative must sign this application before submitting it. I swear or affirm under penalty of perjury that all the information I gave to the Department of Human Services (DHS) in this WIN Application is true, correct, and complete to the best of my ability, belief, and knowledge. I am a Maryland resident who is responsible for payment of a water and/or wastewater bill issued by a public water system or treatment works. I live at the property for which assistance is being sought. I authorize DHS and/or the Office of Inspector General (OIG) to investigate and confirm the accuracy and completeness of all household income and other information provided with this application, including but not limited to the use of governmental and consumer reporting agency data regarding employment income. I consent to allow my water and/or wastewater service provider to provide relevant account information to DHS and for DHS to communicate with those providers regarding this application. I allow DHS to release and exchange relevant information with other agencies and my water and/or wastewater service provider in order to make appropriate referrals to services that may assist me to lower my water bill or help me to better afford my water and/or wastewater costs or help me with the completion of my application. I consent for my information to be entered into other secure databases for tracking of services, statistical information, and program evaluation. Maryland has a fraud law that will be vigorously enforced for intentional misrepresentations of information contained on this application. Punishment can occur for not telling the truth when applying for assistance. I understand that, if I intentionally misrepresent information, I may be disqualified from the program for a set amount of time.

Date _____

Signature of Applicant _____

Printed Name of Applicant _____

