



Intake Staff: _____
 Case Manager: _____

Water Bill Relief Program

To **qualify**, you **MUST CURRENTLY reside in the home AND own the property** at the time the Water and Wastewater bill is due. Funds will be made available on a first-come, first-served basis. Therefore, your application should be submitted as soon as possible. Applications **MUST BE** submitted no later than **December 15, 2020**.

The information being requested is only for program compliance with documentation, monitoring and auditing purposes, as required, and is not intended for public dissemination.

APPLICANT INFORMATION			
Name:			
Address:			
City/State/Zip Code:			
Phone Number:		E-mail:	
Are you the homeowner of the property?		Yes	No
Are you currently residing in the property?		Yes	No
LOSS OR REDUCTION OF INCOME DUE TO COVID-19			
Annual Income For Calendar Year 2019			
Indicate the household size prior to the COVID-19 crisis.			
1	3	5	7
2	4	6	8
Indicate your annual household income for calendar year 2019. Include ALL sources of income from all household members.			
\$0 – \$87,350	\$112,301 – \$124,800	\$144,751 – \$154,750	
\$87,351 – \$99,850	\$124,801 – \$134,800	\$154,751 – \$164,750	
\$99,851 – \$112,300	\$134,801 – \$144,750	Over \$164,751	
Estimated Annual Income For Calendar Year 2020			
Indicate your current household size.			
1	3	5	7
2	4	6	8
Indicate your estimated annual household income for calendar year 2020.			
\$0 – \$87,350	\$112,301 – \$124,800	\$144,751 – \$154,750	
\$87,351 – \$99,850	\$124,801 – \$134,800	\$154,751 – \$164,750	
\$99,851 – \$112,300	\$134,801 – \$144,750	Over \$164,751	

Provide a brief description of why your household income was reduced as a result of the COVID-19 crisis.

Enclose a copy of your most recent Water and Wastewater Service bill	
Enclose a copy of your Water and Wastewater Service Second and Final Notice	
DEMOGRAPHIC INFORMATION	
American Indian/Alaskan Native	Black/African American and White
Native American/Other Pacific Islander	White
Asian	Black/African American

I, the undersigned, hereby certify that the all information in this application is true and correct to the best of my knowledge as of this date. I am certifying that my household income was reduced as a result of financial hardship related to the COVID-19 crisis and have no other resources available to pay my water and wastewater service bill. I understand that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a violation of State and/or federal law. I also understand that Blessed in Tech Ministries, Inc. may at any time request to see additional documentation to verify that the income and information reported on this form is accurate and correct, and I agree to provide such documentation if requested.

Signature

Date

Printed Name

Submit your application along with a copy of your most recent Water and Wastewater Service bill and a copy of your Water and Wastewater Service Second and Final Notice to:

Email: water@blessedintechministries.org

Mail:
Blessed in Tech Ministries
P.O. Box 5931
Annapolis, Maryland 21403
Attention: Water Bill

Drop Box: (Return Book Slot)
Eastport/Annapolis-Neck Library
269 Hillsmere Drive
Annapolis, Maryland 21403
BITM WATER BOX

Phone: 410-384-8200
Fax: 410-384-8037