

Aquarion's Customer Assistance Program Application Form 2020

Customer Name:	
Address:	
City, State, Zip:	
Aquarion Account #:	
What is the best way to contact you if we have questions about your application?	Phone:
	Email:

Attach a copy of your most recent water bill, and a copy of your proof of assistance for current year from one of the following services (please check all applicable). Note that your application will NOT be approved without proof of eligibility:

- Temporary Assistance to Needy Families (TANF)
- Social Security Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- Helms Housing recipient paying the minimum
- Section 8 (Housing Choice Voucher Program)
- Rental Assistance Program (RAP)
- State-Administered General Assistance (SAGA)
- Medicaid
- Connecticut Energy Assistance Program
- Operation Fuel

Please complete the form, sign the application, and return it, your proof of eligibility from the list above, and a current water bill from Aquarion to Operation Fuel by email at opfuelapplications@operationfuel.org, fax at 860.243.1859, or by mail to 75 Charter Oak Avenue, Suite 2-240, Hartford, CT 06106 prior to December 31, 2020 for consideration on a first-come, first-served basis.

Signature: _____

For Office Use ONLY				
Received application	Proof of eligibility	Entered in Database		
Eligible? Yes / No	Aquarion notified	Customer notified		