

Aquarion Water Company is pleased to offer our Low-Income Rate Assistance Program (LIRAP) to those who meet the income guidelines or participate in other assistance programs listed below. Connecticut’s Public Utilities Regulatory Authority has approved residential customers, who qualify to receive a monthly 15% discount off their total bill. Please complete this form to determine eligibility with Aquarion's LIRAP program. This form will assist Operation Fuel to collect necessary information for qualification and verification.

Please mail all documentation(s) to: **Operation Fuel, 75 Charter Oak Avenue Building 1, Suite 300 Hartford, CT 06106**

New LIRAP applicant:

Customers who qualify will begin to receive the discount in the month after application has been received. LIRAP is not retroactive.

Existing LIRAP customers:

Customers are required to recertify eligibility annually based on program guidelines. Please complete this form as PURA rules require that customers who currently receive the LIRAP discount periodically certify to determine continued qualification.

Program qualifications:

- The Aquarion Water bill must be in applicant’s name.
- The applicant must live at the address where the discount will be applied.
- The applicant’s household must meet the qualifications and be verified by Operation Fuel.
- The applicant must notify Aquarion Water Company if eligibility changes.
- The applicant **must** submit income documentation directly to Operation Fuel.

CUSTOMER INFORMATION (please type or print)

New LIRAP applicant Existing LIRAP Customer

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Customer Account Number

Name: _____

Email: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

I receive a benefit under the following programs (please check all that apply) **Provide copy of proof of eligibility.*

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

DECLARATION (please read and sign below)

I state that the information I have provided is true and correct. I agree to provide proof of eligibility if asked. I authorize the agency responsible for benefit(s) being received to release information on this application to Aquarion Water Company. I authorize the administrator of the program checked above to notify the company in the event that my benefits are terminated. I also understand that I am required to notify Aquarion water Company if my benefits end. I understand That if I receive the discount without qualifying for it, I may be required to pay back the discount I received.

X _____ Date _____

Aquarion Water Customer check if guardian or power of attorney

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