

## 2024 APPLICATION FOR FINANCIAL ASSISTANCE

### LOW INCOME RATE ASSISTANCE PROGRAM

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.

### CUSTOMER VOUCHER PROGRAM

To assist customers in need, Aquarion Water Company of Connecticut has a Customer Voucher Program (CVP) where a \$50 to \$250 one-time voucher will be provided to qualified homeowners or contractual renters who are current with their water bill (bill must be in the renter's name). A total of \$50,000 has been allocated for eligible customers in Aquarion's service territory, and distributed on a first come, first serve basis, and the program will conclude at the end of the year.

### HOW TO APPLY

- The applicant must have Aquarion Water bill in their name and must live in address where assistance will be provided.
- 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 provide:
  - The most recent water bill, (even if past due).
  - Payment History for the past 12 months, (must show four payments during this 12 month period).
  - Past four weeks of income documentation for all household members 18 yrs. and older.

Submit **ALL** required documentation(s), by mail to: **Operation Fuel, 75 Charter Oak Avenue Building 1, Suite 300 Hartford, CT 06106.** Or by email [applications@operationfuel.org](mailto:applications@operationfuel.org)

Questions & Information



PROGRAMS, VISIT:

<https://operationfuel.org/aquarion>

Call: 211, or Email:

[Opfuelapplications@operationfuel.org](mailto:Opfuelapplications@operationfuel.org)

YOU MAY ALSO CONTACT:

Aquarion Water Company At

(203)445-7310 or toll-free at

(800)732-9678, with any questions

### CUSTOMER INFORMATION (please type or print)

New LIRAP applicant  Existing LIRAP Customer Applying for:  LIRAP  CVP

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

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Aquarion Water Account Number

Phone: \_\_\_\_\_

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 \_\_\_\_\_

Aquarion Water Customer  check if guardian or power of attorney

\_\_\_\_\_

Date