

Community Direct Engagement Grant form:

First Name

Last Name

Street Address

City

State

Zip Code

Phone

Email:

SocialSecurity Number

Occupation

Employer

Household income

Describe why you are unable to pay water bill:

List any governmental or private charity aid you may now be receiving:

Number of people living at household with water service

Amount of money requested/required to pay off current water bills

Signature of Applicant

Date