

**MAYOR SORIANO'S
ACTION CENTER**

QUESTIONS, COMMENTS OR CONCERNS?
(973) 263-4262

Administered By:



njshares.org
1-866-657-4273



Made possible by the generous support of a family foundation.

Parsippany-Troy Hills
Mayor's Action Center

Municipal Water
Assistance Program

**GRANT REQUEST
APPLICATION**

**Clients may be eligible for a \$100 assistance grant once per calendar year.
MAXIMUM INCOME LEVEL 400% OF FEDERAL POVERTY LEVEL**

Water Account Number:

First Name:

Last Name:

Street Address:

Address Line 2:

City:

State:

Zip Code:

County:

Phone #:

SS#:

DOB:

HOUSEHOLD COMPOSITION

Number of Household Members &
Age:

0-6 _____ 7-17 _____ 18-49 _____

50-59 _____ 60-64 _____ 65 _____

Household Monthly Gross Income for all Adults:

\$ _____ \$ _____

Submit proof of income showing 4 weeks prior to application date.

Parsippany Troy Hills Water Department Account Verification:

- ❖ Applicant is Customer of Record Yes _____ No _____
- ❖ Account Number Verified Yes _____ No _____
- ❖ Balance Due \$ _____
- ❖ Parsippany Troy Hills Water Department Accepts the Grant in the Amount of \$100 and will restore or continue water service for 30 days Yes _____ No _____

By signing, I acknowledge that I am the customer of record on my water account listed on this application. I hereby authorize my water provider to release my customer account information, including usage and payment history, to NJ SHARES for the purpose of processing my NJ SHARES application and monitoring the progress of my water account. This authorization shall expire one year from the date the NJ SHARES grant is credited to my account. I affirm that the household and income information provided on this application is accurate and certify that the information provided is correct.

Client Signature: _____ **Date:** _____ **Interviewer Signature:** _____

Submit Signed Application, Proof of ID for all household members, Copy of Water bill and Proof of household income showing 4 weeks prior to application date. Email: backup@njshares.org (Include Parsippany Water Assistance in the subject line), Fax: 609-883-6364 or Mail to: 1901 N. Olden Ave Extension, Suite 1A, Ewing NJ 08618



Municipal Water Bill Assistance

Required Documentation:

Personal ID for the Applicant

- Social Security card, driver's license, county welfare agency ID, or valid passport. The ID must belong to the person whose name and signature is on the application. If the driver's license address does not match the service address, additional proof of residence is required. Example: Additional utility/phone bill, credit card statement, current tax bill, etc.

ID's for all Household Members

- Social Security card, driver's license or county welfare agency ID, or valid passport. If the driver's license address does not match the service address, additional proof of residence is required. Example: additional current utility/phone bill, credit card statement, current tax bill, etc.

- **Most Recent Water Bill**

This information is verified with the Municipality.

In Cases Where Applicants are Not the Customer of Record: All client information should belong to the applicant/customer of record. Additional names appearing on the utility bill will require further documentation.

- **Marriage Certificate:** A marriage certificate is needed for clients applying as married with a different last name.
- **Authorized Letter/Power of Attorney:** A signed statement or Power of Attorney letter is required for those applying for an elderly or disabled client. The authorized representative or Power of Attorney has permission to provide the applicant's personal information and sign for the applicant.

Proof of income

- Pay stubs (last four consecutive weeks), current Department of Labor LOOPS printout, Social Security statement, or award letter for the current year, pension, etc.

Completed Signed and Dated Application

- The client's signature and date must be on the application. A spouse can apply for assistance provided they reside in the home. A spouse cannot sign for the applicant.



Zero Income Affirmation

This page is to be completed and signed by the applicant when there are adult household members without income.

I affirm that the following adult household members have zero income and do not contribute to my household expenses:

Applicant Signature: _____

Date: _____



Municipal Water Bill Assistance Instructions

The Parsippany-Troy Hills Mayor's Action Council and NJ SHARES have partnered with a private family foundation to create a water assistance program to help Parsippany-Troy Hills residents in temporary crisis.

Eligibility: The program is available to anyone in a temporary crisis whose household income is less than 400% of poverty, and who has made a good faith payment of at least \$20 within 90 days of applying. The maximum grant amount is \$100. A household may receive a grant once between January 1st and December 31st of a given year. The grant must restore or maintain service.

Instructions: Applications must be completed in its entirety and documents are required to support the application.

1. Applicants must be residential customers of Parsippany Troy Hills Municipal Water and have a household income under 400% of the Federal Poverty Guideline who are experiencing a temporary financial crisis due to unforeseen events.

2. The water bill must be in the applicant's name.

Acceptable exceptions to the bill being in the applicant's name:

- The bill is in the spouse's name and the spouse resides in the home or is deceased. (Provide Death Certificate to verify.)
- The applicant is elderly or disabled and a volunteer, family member, or social worker that has a Power of Attorney document or letter of authorization, is applying on his/her behalf.

3. Service must be established. Grants cannot be used for deposits, reconnection fees, repairs, etc.

4. A good faith payment is required. Applicants must have made at least a \$20 payment on their account within the last 90 days of applying. If a good faith payment has not been made within the previous 90 days of application, the applicant must make the payment first.

5. The customer must be "at risk"* of service termination or "shut-off" which can be documented by any of the following:

- The customer's service is actually off.
- The customer has received a "shut-off" notice.
- The customer has received a written notice of arrears or a credit notice.
- The customer's bill shows an arrears balance.
- The customer has or is about to default a payment agreement.
- The customer has a written termination warning on his/her bill.

***Clients do not need a shut-off notice to apply.**

2018
Income Guideline Chart –
400%FPL

Household Size	Gross Monthly Income CAP for NJS 400% FPL
1	\$4,047
2	\$5,487
3	\$6,927
4	\$8,367
5	\$9,807
6	\$11,247
7	\$12,687
8	\$14,127
9	\$15,567
10	\$17,007