HARDSHIP UTILITY GRANT (HUG) APPLICATION

The information provided will be kept confidential and used only for the purpose of determining eligibility for financial assistance. For grant consideration, **applications must be completed fully** by an account or property owner **and signed**.

Applicant Name: _____ Wellington Utility Acct #: _____

Address: _____

Phone: _____ Email: _____

Rent: ☐ Own: ☐ Is this your primary residence? Yes: ☐ No: ☐

Briefly describe why you are in need of assistance with your Wellington utility payment: _____

_____

_____

ELIGIBILITY CERTIFICATION

Applicants must certify they meet the following criteria – initials **required** on each line:

_____ Is a residential water utility customer of the Town of Wellington (*must be an account or property owner*).

_____ Has no violations of record for tampering with meters/pit.

_____ Has a current hardship creating inability to pay and must provide documentation supporting hardship (*i.e., paystub with reduction of hours, medical bill etc.*).

_____ Will sign up for a water use audit or training provided by the Town to help reduce water consumption/waste *(View "Outdoor Water Conservation" video at:* https://www.youtube.com/watch?v=RnjGlOX6dKY)

_____ Will reach a $0 utility balance upon application of the funding, but if the balance will be in excess of the grant, the applicant must enter into an agreement to reach a $0 balance within two months.

_____ Will keep their account current after the application of funding.

Upon receipt of a completed application that includes eligibility certification and all required documentation, the grant will apply a credit to the applicant's utility account in an amount not to exceed $300 in a calendar year for each household. Applications for funds will be considered on a first-come, first-qualified, first served basis and will only be available if appropriated funding is available.

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the _____ day of _____, 20 ____, by _____
(print name)

Signature: _____

(Updated 1/31/2025)

TOWN STAFF USE

Application date: _____ Initials: _____ Approval Initials: _____ Paid: _____