



APPLICATION

The information provided shall be kept confidential and used only for the purpose of determining eligibility for financial assistance. Please complete all sections.

Applicant Name: _____ Wellington Utility Acct. # _____

Address: _____

Phone: _____

Email: _____

Rent Own Is this your primary residence? Yes No

EMERGENCY UTILITY HARDSHIP - Describe briefly why you fell behind on your utility payments.

APPLICANT ELIGIBILITY

Applicants must meet the following criteria:

Residential Water Utility Customer of the Town of Wellington.

No violations for tampering with meters/pits.

Current hardship creating inability to pay (Must provide documentation supporting hardship described above. i.e., paystub with reduction of hours, medical bill etc.)

Must sign up for water use audit or training provided by the Town, to help reduce water consumption/waste.

All grants must be applied to the utility account and reach a zero balance. If balance is in excess of the grant, the applicant must enter into an agreement to reach a zero balance within 2 months.

Account must be kept current.

Town of Wellington staff initial indicating application information verification

APPLICATION

Funds will be provided on a first come, first-qualified, first-served basis. For consideration, applications must be fully completed and include all required supporting documentation. Funding available until exhausted as annually appropriated. Maximum payment of \$300 per year, per household.

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

Executed on the _____ day of _____, _____, at: _____
(date) (month) (year) (city or other location, and state or country)

(printed name)

(signature)