



Baltimore H₂O Assists Application

Baltimore City Department of Public Works Water Billing Assistance Program

This form is used to apply for water payment assistance with Baltimore City. Currently enrolled customers will be grandfathered into this program for the year.

How to apply:



Mail your completed application to:

Baltimore H₂O (BH₂O) Processing Center,
P.O. Box 22586, Baltimore, MD 21233-9715

OR



Meet with a representative at a Community Action Partnership (CAP) Center

Visit www.bmorechildren.com/community-action-partnership to find the nearest location.

Eligibility Requirements	Required Documentation (submit copies with application)
<ul style="list-style-type: none"> • Applicant must be a resident who receives and is responsible for a water and sewer bill issued directly to them in their name from the City of Baltimore. • Applicant lives at the property of record. • Total household income does not exceed the gross income thresholds shown below. • Only one bill account per service address is eligible to receive this discount. 	<ul style="list-style-type: none"> <input type="checkbox"/> Proof of identification (picture ID) <input type="checkbox"/> Copy of most recent City water/sewer bill <input type="checkbox"/> Proof of residency, such as: <ul style="list-style-type: none"> – Other utility bills or mail – Proof of household gross income received annually or monthly prior to date of application – W2s, 1099, and/or current tax return(s) – SSI benefit letters, pension statements, etc. – Unemployment determination letter – Verification of medical assistance, food stamps, or other public assistance program, SSI benefit notices – Verification of eligibility for social security, veterans/social security disability benefits – Notarized statement of non-income (adults) – Notarized statement of non-occupancy from former co-owner or additional leaseholder

2019 Income Eligibility Guidelines		
Household Size	BH ₂ O	BH ₂ O Plus
1 - 3 People	Up to \$37,328	Up to \$10,665
4 People	Up to \$45,063	Up to \$12,875
5 People	Up to \$52,798	Up to \$15,085
6 People	Up to \$59,045	Up to \$17,295
7 People	Up to \$66,605	Up to \$20,505
Additional Person(s)	Add \$7,735 each	Add \$2,210 each

MAYOR'S OFFICE
OF CHILDREN &
FAMILY SUCCESS



1. Application

Please **PRINT** all information. Be sure to complete all information clearly in order for your application to be processed. Your application will be reviewed for reduction and/or removal of Water/Sewage charges, Bay Restoration Fees, and Maryland Storm-Water Exemption.

Name of Applicant

Daytime Phone Number

Mailing Address

Evening Phone Number

Mailing Address City, State, Zipcode

Service Address

Email Address

Service Address Zipcode

Check One: Homeowner Renter

Water Bill Account Number (11 Digits)

2. Assistance

If you answer **YES** to any of these questions, please list the type of assistance you are currently receiving.

Do you receive energy assistance or subsidy? Yes No

Type of Assistance

Do you receive any public assistance, i.e. medical, supplemental social security, food stamps? Yes No

Type of Assistance

Do you receive veterans or social security disability benefits? Yes No

Type of Assistance

Do you receive any other form of financial assistance, i.e., relative, child support, other? Yes No

Type of Assistance

3. Household Information

Fill in spaces below for ALL household members, even if they are not related to you or helping financially.

Total Number of Household Members

Total Number of Household Members 18 Years & Older

Please use the following choices for **race code*** requested below:

- 1: Black or African-American 3: Hispanic 5: American Indian or Alaskan Native
 2: White 4: Asian, Hawaiian, or Pacific Islander 6: Multi-Racial

For each household member in the table below, list all sources of income received in the last 30 days.

	First and Last Name	Social Security Number	Birth Date (mm/dd/yyyy)	Relation to Applicant	Income Sources	Gross 30 Day Income
EX:	JANE DOE	123-45-6789	02 04 1945	APPLICANT	SOCIAL SECURITY	\$400
	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Race Code*: <input type="text" value="6"/>			
1	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race Code*: <input type="text"/>			
2	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race Code*: <input type="text"/>			
3	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race Code*: <input type="text"/>			
4	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race Code*: <input type="text"/>			
5	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race Code*: <input type="text"/>			
6	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race Code*: <input type="text"/>			

4. Acknowledgment & Signature

You or your representative must sign this application before submitting.

- YES. I want to receive BH2O water billing assistance for my primary residence. I understand that my application information will be reviewed and verified by the Mayor's Office of Children and Family Success AND provided to the Baltimore City Department of Public Works to determine the BH2O water billing assistance for which I may be eligible.
- I consent for my information to be entered into a secure database for tracking services, statistical information, communications and program evaluation.
- I declare under penalty of perjury that all the information I provided to the Department of Public Works, Bureau of Water and Wastewater is true, correct and complete to the best of my ability, belief, and knowledge. I certify that I am the named user and resident for this real property located in Baltimore City. I authorize the Mayor's Office of Children and Family Success and/or Baltimore City Department of Public Works to investigate and confirm the accuracy and completeness of all household income, bank accounts, other benefits and other information provided with this application.
- Maryland has a fraud law that will be vigorously enforced for intentional misrepresentations of information contained on this application. If a household member intentionally misrepresents information, that member may be disqualified from the program for a period of time.
- Program eligibility is only good for one year. Applicants must re-apply each year for approval.

Print Name Below

Signature

Date (mm/dd/yyyy)

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5. Office Use Only

Human Service Worker

Approved

BH2O

HSW Initials

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Denied

BH2O Plus

Office Support Staff

Entry Date

Name

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