



ARE YOU FACING A DISCONNECTION OF YOUR WATER/SEWER SERVICE?

DO YOU HAVE A LARGE PAST-DUE WATER/SEWER BALANCE?

All NH Fuel Assistance Program eligible households from the past year or current year are now eligible for a **ONE-TIME** payment from the new NH Household Water Assistance Program **through September 30, 2023!**

Program Details:

- 1) You must have been enrolled in the NH Fuel Assistance Program either **last year (10/1/2021 - 4/30/2022)** or **this upcoming year (10/1/2022 – 4/30/2023)**.
- 2) Households with wells/septic systems are **not eligible** for this program
- 3) To participate, you must **completely** fill out this form, including your signature, and either mail to Community Action Program, PO Box 1016, Concord, NH 03302-1016, or drop off your application at the Community Action Program office located at 2 Industrial Park Drive, Concord, NH.
- 4) We will contact your water/wastewater vendor. Once their signed vendor contract is returned to us, they will be asked to submit a copy of your most recent bill showing the full amount needed to pay off your account in full. When received, this bill will be paid **directly to your vendor** within 30 days.
- 5) If your vendor chooses **not** to participate in the new Water Assistance Program, a payment **CANNOT** be made on your account.
- 6) Only **ONE** payment (at **any** time from Oct. 1, 2021 - Sept. 30, 2023) may be made on your account through this program. (**THIS IS NOT A MONTHLY PAYMENT PROGRAM.**)
- 7) Payments are for water/sewer **arrears only**. Payments for repairs, etc. are not allowed.

NH HOUSEHOLD WATER ASSISTANCE PROGRAM APPLICATION

Please fill out completely and sign at the bottom

Your NAME: _____

PHONE #: _____

ADDRESS: _____

EMAIL: _____

My household includes an _____ Elderly, _____ Disabled _____ Child under 6 yrs.

WATER VENDOR NAME: _____

WATER VENDOR ADDRESS: _____

WATER VENDOR PHONE #: _____

YOUR WATER ACCOUNT #: _____

SEWER VENDOR NAME (if different from water vendor):

SEWER VENDOR ADDRESS: _____

SEWER VENDOR PHONE #: _____

SEWER ACCOUNT #: _____

APPLICANT

SIGNATURE _____ **DATE** _____