

## HOPEWELL TOWNSHIP SEWER ASSISTANCE PROGRAM

**COMPLETE ONLY ONE APPLICATION PER HOUSEHOLD**

Please complete all items and questions and attach required proof.

An incomplete application will delay assistance.

For Office Use Only

For Office Use Only (Date)

Sewer Account Number

**YOU MUST SIGN THIS APPLICATION TO RECEIVE ASSISTANCE**  
**APPLICATION DEADLINE IS JANUARY 31 OF THE CURRENT YEAR**

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**Primary Applicant**

First Name	M. I.	Last Name	Your Social Security Number		
Current Mailing Address (No. and Street, including route)				Apartment/Lot/Unit/Floor	
City	State	Zip Code	County		
Daytime Telephone Including Area Code ( )		Date of Birth Mo.      Day      Yr.		Email Address	
Current Service Address (if different from above)			Apartment/Lot/Unit/Floor		
City	State	Zip Code	County		

- 1) Check the box that most closely describes the type of building you live in (Check only one.)  
 Mobile Home     Single Family     Multi-family Low-rise (3 stories or less)     Multi-Family High-rise (4 stories or more)
- 2)  Including yourself, how many people live in your household?  
 (Include all persons listed on question number 3).
- 3) Including yourself, please list the names, relationships, social security number(s), date(s) of birth, and gross incomes of everyone living in your household. Please indicate if each household member is disabled and if they are a U.S. Citizen by checking yes or no in the appropriate box. Include all income of all persons living in your household except for wage or salary income earned by dependent minors under 18. (Attach proof of income, disability and citizenship/alien status). Use a separate sheet if necessary.

Household Members	Relationship to you (i.e. son, daughter, etc)	Social Security No.	Date of Birth	Income Source	Current Mo.	Last 3 Mo.	Last 12 mo	Disabled?	U.S. Citizen?
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4)  What was your total gross household income for the last 12 months?

5)  Yes     No    Do you receive Public Assistance?    Case Number

6) Do you rent or own your home?  Rent  Own

7) Landlord's Name

Address

Telephone Number

8)  Yes  No Do you rent a room in someone else's home?

9)  Yes  No Do you receive rental assistance from the government (i.e. Section 8, HUD, Metropolitan Housing)?

**10) EARNED INCOME SOURCE** (Check the Income Source(s) For Your Household) **DOCUMENTATION MUST BE PROVIDED!**

INCOME SOURCE	PERSON APPLYING	GROSS MONTHLY AMOUNT
<input type="checkbox"/> Wages (3 months of current pay stubs)		
<input type="checkbox"/> Self Employment (most recent Tax return)		
<input type="checkbox"/> Wages (3 months of current pay stubs)		
<input type="checkbox"/> Self Employment (most recent Tax return)		
<input type="checkbox"/> Wages (3 months of current pay stubs)		
<input type="checkbox"/> Self Employment (most recent Tax return)		

**SPACE BELOW LEFT BLANK FOR OFFICE USE ONLY!**

**11) UNEARNED INCOME:** Complete the following, indicating who, if anyone receives money or benefits from the sources listed below. You must mark **YES** or **NO** for each income type and attach proof of all unearned income. **1099s and W-2s are NOT acceptable proof of current income.**

YES	NO	INCOME TYPE	PERSON RECEIVING	GROSS AMOUNT	FREQUENCY
<input type="checkbox"/>	<input type="checkbox"/>	Alimony			
<input type="checkbox"/>	<input type="checkbox"/>	Boarder/Roomers <i>(Attach notarized proof of rental or lease)</i>			
<input type="checkbox"/>	<input type="checkbox"/>	Child Support			
<input type="checkbox"/>	<input type="checkbox"/>	Contribution/Gifts/Church or Charitable Donations			
<input type="checkbox"/>	<input type="checkbox"/>	Educational Assistance/Student Loans <i>(Attach proof of tuition, books and supplies for prior TWO semesters)</i>			
<input type="checkbox"/>	<input type="checkbox"/>	Food Stamps			
<input type="checkbox"/>	<input type="checkbox"/>	Foster Care			
<input type="checkbox"/>	<input type="checkbox"/>	County Assistance/General Assistance			
<input type="checkbox"/>	<input type="checkbox"/>	Interest/Dividends/Annuities/Royalties			
<input type="checkbox"/>	<input type="checkbox"/>	Loans			
<input type="checkbox"/>	<input type="checkbox"/>	Lump Sum Payments <i>(Settlements/Back Pay, etc.)</i>			
<input type="checkbox"/>	<input type="checkbox"/>	Military Income/Allotment			
<input type="checkbox"/>	<input type="checkbox"/>	Mining Claims			
<input type="checkbox"/>	<input type="checkbox"/>	Panhandling			
<input type="checkbox"/>	<input type="checkbox"/>	Pensions/Retirement			
<input type="checkbox"/>	<input type="checkbox"/>	Property Rentals/Sale			
<input type="checkbox"/>	<input type="checkbox"/>	Railroad Retirement			
<input type="checkbox"/>	<input type="checkbox"/>	Room Rentals/Sale <i>(Attach notarized proof of rental or lease)</i>			
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Benefits (RSDI)			
<input type="checkbox"/>	<input type="checkbox"/>	Strike Benefits			
<input type="checkbox"/>	<input type="checkbox"/>	Subsidized Housing			
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)			
<input type="checkbox"/>	<input type="checkbox"/>	Supported Living Arrangement (SLA)			
<input type="checkbox"/>	<input type="checkbox"/>	TANF Assistance			
<input type="checkbox"/>	<input type="checkbox"/>	Tribal Assistance/Indian General Assistance (IGA)			
<input type="checkbox"/>	<input type="checkbox"/>	Trust Income <i>(provide proof if it is not accessible)</i>			
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Insurance			
<input type="checkbox"/>	<input type="checkbox"/>	Utility Allowance/Rebate Check			
<input type="checkbox"/>	<input type="checkbox"/>	Veterans Benefits			
<input type="checkbox"/>	<input type="checkbox"/>	Winnings			
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation or Temporary Disability			
<input type="checkbox"/>	<input type="checkbox"/>	Other			

If you do not have any income or if the household expenses (e.g., rent, utilities, food, etc.) are more than your household's income, please explain how you are able to meet these expenses. If someone is helping with your bills, how much help did you receive each month during the last six (6) months and from whom? (List each individual's name, address and telephone):

Do you expect any changes in the household's income or benefits?  YES  NO  
 If YES, What? \_\_\_\_\_ When? \_\_\_\_\_

**Changes in income prior to certification will be used to determine eligibility.**

12)

**RESOURCES/ASSETS**

List all resources you now have. Check all that apply.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Savings Accounts           | <input type="checkbox"/> Trust Funds                             | <input type="checkbox"/> Keogh Accounts (401K)        |
| <input type="checkbox"/> Checking Accounts          | <input type="checkbox"/> Individual Retirement Accounts (IRA)    | <input type="checkbox"/> Christmas Club               |
| <input type="checkbox"/> Credit Union Accounts      | <input type="checkbox"/> Individual Indian Money Accounts (IIMA) | <input type="checkbox"/> Certificates of Deposit (CD) |
| <input type="checkbox"/> Business Checking Accounts | <input type="checkbox"/> Other Houses, Land or Buildings         | <input type="checkbox"/> Other Account Types          |
| <input type="checkbox"/> Stocks/bonds               | <input type="checkbox"/> Promissory Notes or Contracts           | <input type="checkbox"/> Life Insurance Policies      |
| <input type="checkbox"/> Other _____                |  |   |

Owner(s)	Name & Address of Resource Institution	Resource Types	Account/Policy Number	Amount Value	Amount Owed

**RESPONSIBILITY COPY OF MOST RECENT BANK STATEMENT MUST BE PROVIDED VERIFYING ACCOUNTS**

Any information provided in this form is strictly confidential and is used only to determine eligibility for Hopewell Township programs. Any and all information provided is subject to verification and investigation by federal, state, and local officials. If you do not cooperate in the review, your benefits may be denied or terminated. If you make a false or misleading statement, misrepresent, conceal or withhold facts necessary for Hopewell Township to make an accurate determination on your benefits or alter any document, your benefits may be denied, terminated or reduced. You are responsible for repayment of all monies, services and benefits for which you were not entitled. Additionally, you may also be barred from program participation, criminally prosecuted and/or otherwise penalized according to state and federal law.

Have you ever received an Intentional Program Violation (IPV)?  YES  NO If YES, in what State? \_\_\_\_\_

**AUTHORIZATION**

I understand that by signing this application, I am authorizing Hopewell Township or its authorized providers access to my bank, employment, public assistance, utility company, or other records needed for verification and evaluation of services. By signing this application I understand that filling out this application does not guarantee that my household will receive assistance. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is **NOT** eligible for services according to the rules of each program. I understand that I have the right to appeal within 30 days of a written determination of services. I also understand that I have the right to request a state hearing within 90 days of a written determination. Hopewell Township prohibits discrimination on the basis of race, color, national origin, age, disability, religion, or political beliefs. All application information will be destroyed after three years as of the date of application. **Applicants must apply annually during the calendar enrollment period of January at the beginning of each year.**

I agree to notify Hopewell Township of any changes in my household circumstances that may affect my benefits. I understand failure to report changes may cause an overpayment which I would be responsible to pay back and could even be prosecuted by a court of law. I swear I have honestly reported the citizenship of myself and anyone I am applying for.

I certify that the information I have provided in this application is to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Other Adult Member(s) in Household: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Other Adult Member(s) in Household: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR QUESTIONS 10 AND 11**  
**REQUIRED PROOF OF INCOME DOCUMENTATION EXAMPLES**  
**1099 AND W-2 forms are NOT acceptable proof of income**

All documentation sent with your application can be either originals or photocopies. If you cannot photocopy the originals, our office will be happy to copy the material and send it back after your case is processed, if you request the originals back.

**EARNED INCOME:** Need copies of check stubs for at least the **last thirty (30) consecutive days**. If paid weekly – 4 check stubs; paid bi-weekly or semi-monthly – 2 check stubs. A signed and dated statement on letterhead from your employer stating your gross income for the **last thirty (30) days** and how often you get paid, e.g., weekly, bi-weekly, semi-monthly, is acceptable **if you DO NOT have check stubs.**

Earned income includes: income from **Self-employment, i.e., business, child care, house cleaning, and other odd jobs**. The person you work for must state your pay amount, how often you are paid, and include their name, address and phone number. Business self-employment requires 12-month profit and loss statements and current tax returns.

**UNEARNED INCOME:** Unearned income includes **Social Security, SSI, Veterans Benefits, pensions, disability income, military income, unemployment, child support, alimony, interest income, dividends, regular insurance or annuity payments**. Provide copies of the current benefit verification form or award letter from the entity providing the income. The benefit verification should be for the current year showing any cost of living raise. **Child Support/Alimony Income:** A copy of divorce decree/separation/settlement agreement, or dated letter from person paying the support (to include name, address and phone number), or copy of last check/statement from child support enforcement agency. **Interest Income/Dividends:** bank account statements, certificates of deposit, etc., if it contains details and signed by financial institution; or broker's quarterly statement showing earnings (12 month history is needed).

**RECURRING GIFTS AND/OR SUPPORT:** Signed statement by the person providing the money on a regular basis, which indicates the amount of support, how often it is paid, and when the arrangement began.

**STUDENT INCOME:** Includes **ALL educational scholarships and grants, e.g., PELL BEOG, SSIG and Veteran's Administration education benefits**. Need verifications reflecting amount of assistance, and educational institution's written verification of cost of the student's tuition, fees, books and equipment **for prior two semesters**. If benefits are paid directly to the student, copies of the latest benefit checks or cancelled checks **for prior two semesters** and copies of canceled checks or itemized receipts for tuition, fees, books and equipment. Include summer school if this applies as well.

**SELF-EMPLOYMENT INCOME:** Administration of or income from a non-profit organization is included under self-employment income. Profit and loss statements signed by the applicant detailing gross income and expenses during the last 12 months, copy of sales tax statement showing gross net proceeds, audited or unaudited financial statements, or a loan application listing income and expenses for the last 12 months are also acceptable verifications.

**PUBLIC ASSISTANCE INCOME:** Public agency's written statement on company letterhead with amount paid, the time frame covered, and the beneficiaries of aid; or, copy of award letter; or copy of check.