

**Veolia Water  
Application for DE, NY & PA**

**APPLICANT INFORMATION**

**First Name** **Last Name** **Email Address**

**Date of Birth**

**MAILING ADDRESS INFORMATION**

**Street Address** **Apartment/Unit #/Floor (if applicable)**

**City** **State** **Zip Code** **County**

**SERVICE ADDRESS INFORMATION**

| **Check here if the service address is the same as the mailing address above. If the same, do not fill below.**

**Street Address** **Apartment/Unit #/Floor (if applicable)**

**City** **State** **Zip Code** **County**

**DEMOGRAPHICS  
HEAD OF HOUSEHOLD  
INFORMATION**

**Is applicant the head of household?** (This is the person responsible for the household bills)  Yes | No

**Head of household marital status** | Married | Single | Separated/ Divorced | Widow/Widower

**Head of household age** | 18-49 | 50-59 | 60+

**Is head of household a U.S. Veteran?** | Yes | No

**Head of household gender** | Male | Female | Other | Decline to answer

**Head of household race** | Alaska Native | American Indian | Asian | Black or African American

| Mixed Race | Native Hawaiian | Other Pacific Islander | White | Decline to answer

**Head of household ethnicity** | Hispanic or Latino | Not Hispanic or Latino | Other | Decline to answer

**Head of household other characteristics** None | Single Parent | Grandparent with child

Widow/Widower | Other \_\_\_\_\_

**DEMOGRAPHICS**  
**APPLICANT INFORMATION (Fill out only if Applicant is not Head of Household)**

**Marital status of applicant** | Married | Single  Separated/ Divorced | Widow/Widower

**Age of applicant** | 18-49 | 50-59 | 60+

**Is applicant a U.S. Veteran?** | Yes | No

**Applicant gender** | Male | Female  Other  Decline to answer

**Applicant race**  Alaska Native  American Indian | Asian  Black or African American  Mixed Race  
| Native Hawaiian  Other Pacific Islander  White  Decline to answer

**Applicant ethnicity**  Hispanic or Latino  Not Hispanic or Latino | Other  Decline to answer

**Applicant other characteristics**  None  Single Parent  Grandparent with child  Widow/Widower  
| Other \_\_\_\_\_

**RESIDENCE INFORMATION**

| Applicant Age 65+  Applicant Receives Social Security Disability  Rent  Own

**How long have you lived at current residence?** \_\_\_\_\_

**How is the residence heated?**  Gas | Electric | Oil | Propane | Other \_\_\_\_\_

**Number of people who live in the household (by age)**

0-6 Years \_\_\_\_\_ 7-17 Years \_\_\_\_\_ 18-49 \_\_\_\_\_ 50-59 Years \_\_\_\_\_ 60+ Years \_\_\_\_\_

**ASSISTANCE RECEIVED**  
**(Applicable only to New York State residents)**

**Has anyone in the household received assistance within the current benefit year?** | Yes | No

**If Yes, select all assistance received from the programs listed below.**

Bureau of Indian Affairs General  Federal Lifeline Program  Federal Public Housing Assistance

Food Distribution Program on Indian Reservation | Home Energy Assistance Program (HEAP)  Medicaid

Safety Net Assistance  Supplemental Security Income (SSI)

Supplemental Nutrition Assistance Program (SNAP)  Tribal Head Start

Tribal Temporary Assistance to Needy Families  Temporary Assistance for Needy Families (TANF)

Veteran’s Pension  Veteran’s Survivor’s Pension  Utility affordability program

**MISCELLANEOUS INFORMATION**


Phone number \_\_\_\_\_ | Cell  Home Phone number \_\_\_\_\_  Cell  Home

Why do you need help? | Medical/Health | Unemployed | Reduced Hours/Change in employment  
| Other \_\_\_\_\_

Primary language (if other than English) \_\_\_\_\_

How did you hear about NJ SHARES? | Referral from Utility Company | Community Organization | Friend  
| Elected Official | NJS Outreach | Other \_\_\_\_\_

**UTILITY INFORMATION**


Utility account holder name and utility account number
Utility bill balance
Date & amount of last payment

**SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ASSISTANCE.  
EVEN IF ASSISTANCE IS PROVIDED IT IS VERY IMPORTANT YOU KEEP MAKING PAYMENTS.**

<p><b>VERIFICATION OF INFORMATION/PRIVACY RELEASE</b></p> <p><i>The personal information you provide when applying for an assistance program with NJ SHARES is used to facilitate an assistance application. Submitting your information indicates that you have read and agree to the following:</i></p> <p><i>By signing, I certify that the information given in and attached to this application is true, complete, and correct. I am aware and understand that if any information contained in or attached to this application is willfully false, that I am subject to criminal prosecution. I understand that I must provide the required documentation and any additional requested documentation within 10 business days in order to proceed with the application process. I hereby authorize my utility provider(s) to release my customer account information, including usage, payment history, and participation in other utility grant programs to NJ SHARES for the purpose of processing my NJ SHARES application and monitoring the progress of my utility account(s). I understand that the information in this application may be shared to ensure access to all assistance programs for which I may be eligible. This authorization shall expire one year from the date the NJ SHARES grant is credited to my account(s).</i></p>	
<b>Applicant Signature</b>	<b>Date</b>

**FOR AGENCY USE ONLY**

<b>Date</b>	<b>Agent/Representative Name</b>	<b>Agency Name &amp; Location</b>