



Salt Lake County CARES Water Assistance Application

1. Application Information:

Name: _____ Date: _____
 First Middle Last

Address: _____ City: _____ Zip: _____

Phone #: _____ Email Address: _____

2. Eligibility Information – applicant must have experienced a COVID-related crisis to qualify:

COVID-related crisis (please mark all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Loss of employment due to COVID-19 | <input type="checkbox"/> Work hours reduced due to COVID-19 |
| <input type="checkbox"/> Loss of childcare due to COVID-19 | <input type="checkbox"/> Unable to work, due to high-risk health |
| <input type="checkbox"/> Medical costs due to COVID-19 | <input type="checkbox"/> Other: _____ |

3. Water Account Information:

Vendor Name: _____ Account #: _____

Name of Account Holder: _____

CLIENT DECLARATION: *By signing this application, I certify that the information I provided is true to the best of my knowledge. I hereby authorize Utah Community Action HEAT staff for two-way communication with to the utility provider listed above. I further understand that if Salt Lake County C.A.R.E.S. funds are exhausted prior to processing this application, Salt Lake County and Utah Community Action HEAT are under no obligation to make payment.*

Signature: _____ Date: _____

Email this form and a copy of your water bill to waterassistance@utahca.org or fax to 801-214-3212.

Staff Use Only:

- | | |
|---|--|
| <input type="checkbox"/> Verified active water vendor account | <input type="checkbox"/> Total account balance: \$ _____ |
| <input type="checkbox"/> Utility bill or verification form included | |