

## Care and Conserve Plumbing Application

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

NPCDC Job Number: \_\_\_\_\_

**Please complete this application and return it to the address listed on above.**

Water Bill Account No.	Name on account if different	Home Phone ( ) -	Alternative Phone ( ) -
(Please Print) First Name: _____ Last Name: _____ Middle Initial: _____			Best time to call:
Address	City	State/Zip	Date of birth: _____ Age: _____ Sex: _____
<b>Please check one of the following:</b> <input type="checkbox"/> I own my home <input type="checkbox"/> I rent/lease my home <i>(Renters MUST complete the below information in order to receive assistance)</i> <b>If you check the second box, please provide your landlord information.</b> Name _____ Mailing Address _____ City _____ State/Zip _____ Phone ( ) -	Are you or your Spouse a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then who? _____ Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Total Yearly Income of Entire Household: \$ _____	Email Address: _____ (Please choose one) Racial Background: <input type="checkbox"/> Asian <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Black/African-American and White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Native American/Alaskan and Black <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	
Number of People in Home:	Age/s of People in Home:		Contractor
Neighborhood	Inside City <input type="checkbox"/> Outside City <input type="checkbox"/>	Council District	

**Income Information**

Supplemental Security Income (SSI) \$	TANF \$	Wages \$
No Income \$	Social Security Benefits or Rail Road Retirement \$	Self-Employment \$
Unemployment Insurance \$	Pension or VA Benefits \$	Other Public Assistance \$

**Applicant's Signature / Authorization**

I declare to the best of my knowledge the above information is true and this is an accurate statement of my total household income.

Account Holder's Signature \_\_\_\_\_ Application Date \_\_\_\_\_

**OFFICE USE ONLY**

Approval Signature of C&amp;C Manager \_\_\_\_\_ Date \_\_\_\_\_

*This program is funded in part by a grant from the City of Atlanta Watershed Department.*


Southface reserves the right to require the provision of additional documents not listed if additional verification is required