

**Eligibility Criteria for participation in the
Petal Water and Sewer Assistance Program**

- 1) Must be 65 years or older – Date of Birth _____
 - a. Sex: Male () Female ()
 - b. Married () Widowed () Divorced () Single ()

- 2) Must have a water meter and/or sewer listed in your name
 - a. Current address _____
 - b. Number of people in household _____

- 3) Total Monthly Household Income \$ _____

- 4) A copy of a previous months water & sewer bill must accompany this application.

I understand that any intentional misrepresentation of the information, which I have provided, will automatically cancel my participation in the Petal Water and Sewer Assistance Program. The Petal Water and Sewer Assistance Program board reserves the right to require applicants to provide documentation supporting claimed Total Household Monthly Income. Participants will be notified by mail if they are accepted in this program. The total number of citizens that will be accepted into the program will be determined solely by availability of funds.

Once an applicant is accepted into the Petal Water and Sewer Assistance Program a \$10 payment will automatically be paid each month, for a period of six months, to The City of Petal Water Department in the applicant's name. At the end of the six-month period participants in the program must submit an updated application form if they wish to be considered for further participation in the Petal Water and Sewer Assistance Program.

The figures used by The Petal Water and Sewer Assistance Program to establish the maximum Total Monthly Household Income for acceptance into the Petal Water and Sewer Assistance Program will be based on Federal poverty guidelines.

The personal information provided on this application will not be shared with anyone other than the Petal Water and Sewer Assistance Program board members.

Mail your completed application and a copy of a previous month water and sewer bill to:

**Petal Water and Sewer Assistance Program
P.O. Box 945
Petal, Ms. 39465**

Signature of applicant _____

Date _____