

BILL DISCOUNT APPLICATION

This form is used to apply for a temporary waiver of the water and/or wastewater fixed meter charges assessed on your Burlington Water Resources Division bill. This form can also be used to apply for recertification.

How to Complete this Form

- 1. Read.** Read through the entire application first, including the Program Eligibility Guidelines in Section 2.
- 2. Fill & Sign.** Fill in all fields of the form. Sign and initial where indicated in Sections 1 and 2.
- 3. Attach.** Include copies of all required documentation to your application. Please do not send originals as supporting documents will not be returned.
- 4. Submit.** Completed applications can be emailed to water-resources@burlingtonvt.gov or mailed to: Burlington Water Resources
WRAP: Bill Discount Application Processing
P O Box 878 | Burlington, VT 05402
Questions on your application? Translation services needed? Contact Customer Care at (802) 863-4501 or email water-resources@burlingtonvt.gov.

SECTION 1

APPLICANT & ACCOUNT INFORMATION

Date:		Name:	
Mailing address:			
City:		State:	ZIP Code:
Email:		Phone #:	
Service Location:		Account #:	
1. <u>Property Owner</u> : I am listed on the City of Burlington's property database as an owner of record for this service location. <input type="checkbox"/>	2. <u>Tenant</u> : I have been approved by the property owner as an authorized tenant for this service location. <input type="checkbox"/>	3. <u>Property Manager</u> : I have been approved by the property owner as an authorized property manager for this service location. <input type="checkbox"/>	
Property Type: Single Family <input type="checkbox"/> Duplex or Condo (separately metered) <input type="checkbox"/> Other <input type="checkbox"/>			

DISCOUNT TYPE & STATUS

1. <u>Low Income</u> : I am currently enrolled in an assistance program that defines eligibility by total gross monthly household income. ¹ I have attached my approval and/or enrollment letter for said qualifying program. <input type="checkbox"/>	2. <u>Senior</u> : I am currently 65 years or older and attest that paying the fixed meter charge would create an economic hardship resulting in difficulty paying my bill. I have attached proof of my age. ² <input type="checkbox"/>	3. <u>Non-Profit Housing Organization</u> : We are a domestic nonprofit corporation providing affordable or senior housing living units. We have attached proof of our corporation status. <input type="checkbox"/>
New application: <input type="checkbox"/>		Recertification: <input type="checkbox"/>

SECTION 1: SIGNATURE

The information associated with this application has been examined by me, and is to the best of my knowledge true, correct and complete.

Applicant Signature: _____

¹ Review our supplemental FAQ document [“Qualifying Assistance Programs”](#) for the specific financial limits.

² Acceptable proof should include your name and birth date (e.g., birth certificate, driver’s license, passport, other state or federal identification card, etc.)

SECTION 2

CUSTOMER RESPONSIBILITIES

Applicants: Please add your initials inside the boxes as you review each responsibility.

1.	I have read, understood and agree to abide by the policy document <u>"Policy for Temporary Waiver of Water and Wastewater Fixed Meter Charge for Low-Income and Senior, and Non Profit Affordable and Senior Housing Customers"</u>
2.	I agree to recertify as required by the program (if interested) by submitting an application with updated information. I understand that failure to recertify will result in my removal from the program with no credit for uncertified months.
3.	I agree to inform Burlington Water Resources within 30 days if I no longer qualify to receive the fixed fee waiver. I understand that if I receive the discount without qualifying for it, then I may be required to make restitution.
4.	I understand that while enrolled in this program my water service still could be terminated if I fail to pay my bill by the due date, or fail to enter into a payment arrangement for the delinquent balance owed.
5.	I understand that records of my participation in this program may be subject to Vermont Public Records Act.
6.	I have attached the necessary documents for my application to be processed.

SECTION 2: SIGNATURE

By signing below, I agree to all of the Customer Responsibilities above. The information associated with this application has been examined by me, and is to the best of my knowledge true, correct and complete.

Applicant Signature: _____

SUBMIT APPLICATION

CUSTOMERS: PLEASE DO NOT WRITE IN THE ADMINISTRATIVE SECTION BELOW

Task	Completed By	Date
Application Received by Division		
Application Verified as Complete		
Waiver Flag Activated at Account Level		
Calculate Applicable Retroactive Credit (Retro only effective 7/1/21-12/31/21)		
Verify Credit Appears on First Eligible Bill		