



H₂O Fund

(Help 2 Others Fund)
April 2017 – March 2018

H₂O Fund Administrator
2038/2044 Gottingen Street
Halifax NS B3K 3A9
Tel: 902-422-1598 Fax: 902-444-8914
james_woods@can.salvationarmy.org
Applications Available: www.halifaxwater.ca
www.salvationarmy.ca/maritime/H2O

The H₂O Fund assists low income households with the cost of residential water and waste water in an emergency situation if eligibility guidelines are met. A household is determined to be in an emergency situation when there are no resources to pay the Halifax Water bill and/or the household is about to face disconnection of water service.

To be considered for assistance, the applicant must meet the following criteria:

1. The household is low income and in an emergency situation.
2. The Halifax Water account is active and in the name of an adult living in the household.
3. The household and household members have not received H₂O Fund assistance within the last 24 months.
4. The Halifax Water account holder completes & submits an application.

If you meet the above four criteria, please complete the application and provide the required documentation.

STEP 1: HALIFAX WATER ACCOUNT HOLDER INFORMATION (Please Print)

| | | |
|--|-------------|--------------|
| ACCOUNT HOLDER NAME: | | HW ACCOUNT # |
| ADDRESS (Include Mailbox & Postal Code): | | |
| HOME PHONE: | CELL PHONE: | EMAIL: |

STEP 1- DOCUMENT REQUIRED

A COPY OF YOUR MOST RECENT HALIFAX WATER BILL (dated within past 2 months) IS REQUIRED.

The bill needs to show name, address, account number & amount owing.

INELIGIBLE ACCOUNTS: Closed accounts and accounts in the name of someone other than a household member are not eligible.

STEP 2: HOUSEHOLD MEMBER INFORMATION (Please Print)

| FULL NAME OF ALL HOUSEHOLD MEMBERS First Name, Middle Name(s), Last Name | RELATION TO HW ACCT HOLDER (Partner / Son / Daughter) | D.O.B. Month / Day / Year | Valid ID |
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STEP 2: INFORMATION REQUIRED

APPLICATIONS WILL NOT BE CONSIDERED IF ANY HOUSEHOLD MEMBER INFORMATION IS MISSING.

Be sure to provide all information for every member of the household. Incomplete applications will be returned via Canada Post.

PLEASE FILL IN BOTH SIDES OF APPLICATION

If you are interested in receiving information on reducing water consumption, call 490-4820 or visit www.halifaxwater.ca.

STEP 3: HOUSEHOLD INCOME DECLARATION (Please Print)

| NAME OF PERON RECEIVING INCOME | SOURCE OF INCOME <small>(Wages, Income Assistance, CPP, OAS, Child Tax Benefits, Child Support, EI, etc.)</small> | AMOUNT RECEIVED PER MONTH | NOTES |
|--------------------------------|--|---------------------------|-------|
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STEP 3: DOCUMENT(S) REQUIRED

TO VERIFY INCOME, INCLUDING DECLARATION OF NO INCOME, DOCUMENTS ARE REQUIRED FOR ADULTS (18 years & over). Adults enrolled in an educational or training program need to submit a copy of their student ID or a letter from the school or training facility.

ALL INCOME MUST BE REPORTED, INCLUDING BUT NOT LIMITED TO:

Wages, Employment Insurance, Worker's Compensation, Income Assistance, Child Tax Benefits, Child Support, Old Age Security, etc.

TO MAKE A DECLARATION OF NO INCOME, YOU ARE REQUIRED TO PROVIDE;

A LETTER OF SUPPORT FROM A COMMUNITY REFERRAL (on letterhead, including referral contact name, position & phone number). Referral letter from applicant's local food bank, church, social worker, physician, law enforcement, MLA, etc. will be accepted.

STEP 4: CONSENT TO VERIFY HOUSEHOLD INFORMATION

Applicant must sign below to be considered for assistance. By signing below, the applicant declares the information provided on this application is an accurate and complete disclosure of the requested information. The applicant authorizes the H₂O Fund Administrator to contact Halifax Water and/or applicant's landlord and/or social worker to verify or request additional information.

| | |
|----------------------|----------------------------|
| APPLICANT NAME: | WITNESS NAME: |
| APPLICANT SIGNATURE: | RELATIONSHIP TO APPLICANT: |
| DATE: | WITNESS PHONE # : |

STEP 4: SIGNATURE(S) REQUIRED

COMPLETED APPLICATIONS (with the required documents) MAY BE SUBMITTED BY MAIL, FAX OR EMAIL.

Contact information is noted in the top right corner of the page.

Please allow 5 business days for application review; applicant will be contacted when a decision is made.

If the application is approved, a payment will be made directly to your Halifax Water account.

PLEASE NOTE: The H₂O Fund is not a rebate program and submitting an application does not guarantee assistance

The H₂O Fund is sponsored by Halifax Water & Halifax Water employees and administered by The Salvation Army.



Giving Hope Today

OFFICE USE ONLY

| | | |
|-----------|---------------------------------|-------------|
| DECISION: | H ₂ O FUND APPROVER: | AMOUNT: \$ |
| DATE: | NOTES: | CMS HH ID#: |

PLEASE FILL IN BOTH SIDES OF APPLICATION

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