



H₂O Fund (Help To Others Fund)
April 2018 - March 2019

H₂O Fund Administrator
 2038/2044 Gottingen Street
 Halifax, Nova Scotia, B3K 3A9
 Phone: 902-422-3435
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The H₂O Fund assists low income households with the cost of residential water and wastewater 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.

Halifax Water Account Holder Information (please print)

Date: _____ Halifax Water Account No.: _____
 Name: _____ Email: _____
 Phone Number: () _____ Fax Number: () _____
 Address (include box number and postal code): _____

Household Member Information (please print)

Full Name of ALL Household Members (First Name, Middle Name(s), Last Name)	Relation to Account Holder (Partner / Son / Daughter)	Date of Birth (Month / Day / Year)	Valid ID (Driver Lic. No., NS ID No., Passport No., Etc.)

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 Pages Of Application

If you are interested in receiving information on reducing water consumption, call 902.420.9287 or visit www.halifaxwater.ca

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

Household Income Declaration (please print)

Name of Person Receiving Income	Source of Income (Wages, Income Assistance, CPP, OAS, Child Tax Benefits, Child Support, EI, etc.)	Amount Received Per Month	Notes

Documents Required:

A copy of your most recent Halifax Water bill (dated within the past 2 months) is REQUIRED. The bill must show name, address, account number and the amount owing.

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

All income must be reported in the table above, 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). A referral letter from the applicant's local food bank, church, social worker, physician, law enforcement, MLA, etc. will also be accepted.

Consent to Verify Household Information (please print)

Applicant Name: _____	Witness Name: _____
Applicant Signature: _____	Relationship to Applicant: _____
Date: _____	Witness Phone # : _____

Signature(s) Required: _____

Applicant must sign above to be considered for assistance. By signing above, 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.

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 of the amount due or \$275, whichever is less will be made directly to your Halifax Water account.



OFFICE USE ONLY

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