The below **Connecticut Water WRAP Customer Eligibility Authorization Checklist** form is designed to help social service agencies collect the necessary information to qualify customers for the program. Please complete and email to collections@ctwater.com

Connecticut Water WRAP CUSTOMERS PROGRAM - ELIGIBILITY AUTHORIZATION

Customer Name:

Customer Phone #	Cus	Customer Email:	
need to be qualified utilize office or Operation Fuel.	zing an eligibilit These agencies	ty checklist from their are identified as prov	(Water Rate Assistance Program) clocal community social service viding assistance for customers tance to maintain water service.
Connecticut Water does not require a copy of the eligibility checklist but requests the agency confirm the customer's identity and income. This ensures agency guidelines are followed and funds reach those customers who are in most need of assistance.			
The following items are ac assistance program	ceptable forms	of verification in orde	er to qualify for CWC WRAP
<u>NOTE</u> : Owners of multi-famil	y, seasonal, comm	ercial or industrial prop	erty are not eligible for program.
Please initial that these iter	ms have been ve	erified.	
Identity:			
Income:			
Tenants: Copy of fully complete	d Billing Authoriz	ation Form	
Agency submitting request:		Date:	
	nature of authorized representative:Printed name:		
For Connecticut Water Compan			
Has customer previously applied	d for H20 or Opera	tion Fuel assistance? \(\begin{aligned} \PY \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	es 🗖 No
Was assistance through H20 or 0	Operation Fuel pro	vided? □Yes □No When	n: <u>Amount: \$</u>
Copy of Shut off Notice provide	ed? □Yes □No	Shut Date:	Amount Due: <u>\$</u>
Has the customer contacted CW	C to set up a Defer	red Payment Arrangemen	t (DPA)? □Yes □No
Approved by:			
		By telephone to 800-286-collections@ctwater.com	

CWC Account #