



**The Salvation Army
Halifax Water H₂O Fund
Effective April 1, 2011**

H₂O Fund Administrator
2038/2044 Gottingen Street
Halifax NS B3K 3A9
H2OFund@sahalifax.ca
Tel: 902-422-3435
Fax: 902-444-8914
Applications Available: www.halifaxwater.ca
www.salvationarmy.ca/maritime

April 2011

Dear Applicant:

The **H₂O (Help 2 Others) Fund** assists low incomes households with their water and waste water bill. The fund is administered by the Salvation Army and dependent on support from Halifax Water and their employees.

The H₂O Fund is not a rebate program. It is intended to assist households in an emergency, especially those with no other resources available. The H₂O Fund assists with the cost of residential water and waste water. **Anyone seeking assistance must complete and submit the H₂O Fund application with the required supporting documents.**

Applicants are not eligible to receive assistance if:

- ⇒ Residential water & waste water costs are included in applicant's rent.
- ⇒ Residential water & waste water account is not in the applicant's name (e.g.: account in landlord's name).

To apply for assistance from the **H₂O Fund**, complete the application form and provide supporting documents. Approved applicants will receive assistance **once in a 24 month period**.

Incomplete applications will not be processed. It is the applicant's responsibility to ensure their application is complete at the time of submission.

SUPPORTING DOCUMENTS REQUIRED WITH EVERY APPLICATION FORM:

1. Copy of the **most recent water bill showing applicant's name and address**. If applicable, include a copy of a **"disconnection notice"**.
2. Copy of **most recent income document for each member of the household**. The income documents (e.g.: employment, EI or Social Assistance stub, bank statement, Notice of Assessment) should show the household member's name and address.

Submitting an application does not guarantee assistance. **Please allow 5 business days for your application to be reviewed; you will be contacted by phone after a decision is made.** If your application is approved, a direct payment will be made to your account.

If you have any questions, please contact the H₂O Fund Administrator (contact information is noted in the top right corner of this page). Return the completed application, along with the required supporting documents, to the attention of the H₂O Fund Administrator at the Salvation Army Halifax Centre of Hope by mail, fax or email.

*******PLEASE KEEP A COPY OF THIS LETTER FOR YOUR REFERENCE*******
Contact information for the H₂O Fund Administrator is noted on the top right corner.

HOME WATER INFORMATION

Call 490-4820 or visit www.halifaxwater.ca if you are interested in receiving information on reducing water consumption.

APPLICANT INFORMATION

NAME: _____

HOME PHONE: _____

ADDRESS: _____

CELL PHONE: _____

CITY/TOWN & POSTAL CODE: _____

WORK PHONE: _____

⇒ Are you responsible to pay for your home water bill? YES / NO ⇒ Amount currently owing? _____

⇒ Halifax Water Account Name & Number _____

HOUSEHOLD & INCOME INFORMATION

NUMBER OF INDIVIDUALS IN HOUSEHOLD: _____ Do you OWN or RENT your home/apartment? _____

FIRST & LAST NAMES OF ALL HOUSEHOLD MEMBERS	BIRTH DATES (Month/Day/Year)	HEALTH CARD NUMBERS

SOURCE OF INCOME:	TOTAL # OF HOUSEHOLD MEMBERS RECEIVING EACH TYPE OF INCOME	TOTAL ANNUAL INCOME FOR EACH TYPE OF INCOME
A. EMPLOYMENT (Wages/Salary/Self-Employed)	A. _____	A.\$ _____ .00
B. EI BENEFITS	B. _____	B.\$ _____ .00
C. SOCIAL ASSISTANCE	C. _____	C.\$ _____ .00
D. CPP (Canada Pension Plan)	D. _____	D.\$ _____ .00
E. OAS (Old Age Security)	E. _____	E.\$ _____ .00
F. OTHER _____	F. _____	F.\$ _____ .00

APPLICANT STATEMENT

I certify that the information provided above is an accurate and complete disclosure of the requested information. I authorize this agency to verify the information and to contact Halifax Water and/or my landlord for verification or additional information. I understand that filling out this application does not guarantee that my household will receive assistance.

SIGNATURE: _____

WITNESS SIGNATURE: _____

DATE: _____

WITNESS CONTACT #: _____

RELATIONSHIP TO APPLICANT: _____

(Friend, Clergy, MLA, etc.)

OFFICE USE ONLY

Approved Signature: _____	Date Approved: _____	Approved Amount \$ (Whole Dollars)
Not Approved by & Reason for Non-Approval: _____		CMS HOUSEHOLD ID #: _____