SAN ANTONIO WATER SYSTEM
CITY OF SAN ANTONIO

AFFORDABILITY DISCOUNT PROGRAM

DEPARTMENT OF COMMUNITY INITIATIVES

The San Antonio Water System (SAWS) Affordability Discount will be applied as a credit on the customers' monthly bill. The credit will be effective from the date of certification through the end of the year. Customers who are certified to receive the discount this year will be required to re-certify their income and family size prior to receiving the discount in future years. SAWS and the City of San Antonio will provide information to customers when it is time to re-apply for this discount. The discount ranges from $3.15 to $8.40 per month and is based on total household income, household size and type of service provided by SAWS.

PLEASE MAIL OR FAX APPLICATION TO:

SAN ANTONIO WATER SYSTEM
ATTENTION: AFFORDABILITY PROGRAMS
2800 U. S. HWY 281 NORTH
SAN ANTONIO, TEXAS 78212
Fax: (210) 233-4329

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Client Name: _____
Last First Middle

D.O.B:_____/_____/_____ SSN:_____ _____ _____-_____ _____-_____ _____ _____ _____

Address:_____ TX 78_____ Phone: _____

SAWS Account Number (if known) ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ ___ ___ - ___

Family Member Information:

#	NAMES (Last Name, First Name)	Relationship	Date of Birth	Is this Person Permanently Disabled?
1				
2				
3				
4				
5				
6				

Number of Household Members: _____ City Resident (circle one): Yes No

Gross Monthly Household Income: $_____ Annual Income $ _____

CERTIFICATION & RELEASE STATEMENT: I, _____ (Print Client's Name) am applying for the SAWS Affordability Discount Program. I hereby certify that the information provided on this application is true to the best of my knowledge and belief. If I meet eligibility requirements, I authorize the City of San Antonio and SAWS to use and maintain the information I have provided on this application so that eligibility for other assistance programs may be considered.

Date: _____ Client's Signature: _____

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DECLINE STATEMENT: I, _____(Print Client's Name) **decline** to apply for the SAWS Affordability Discount Program.

_____(Client's Signature and Date)

Agency or Organization Name:	Date:

Revised 10/2/08