



Utility Assistance Program Terms and Conditions

El Paso Water understands that financial challenges can make it difficult to stay current with water utility bills. To support our customers in need, we offer limited payment assistance to qualifying households. Please read the eligibility criteria and document requirements carefully before applying.

AguaCares funding is only available as a credit to qualifying customers and will cover overdue water utility charges incurred not to exceed \$250.00 once every 12 months.

Eligibility requirements

To be considered for water utility payment assistance, applicants must meet all of the following criteria:

- The applicant must have an active El Paso Water account for single-family residential services.
- The applicant must reside at the property for which assistance is requested.
- Only one application per household will be accepted.
- The account must show a risk of disconnection with prior disconnections on record.
- The applicant must either: already be on a payment plan or agree to enter a payment plan for any outstanding balances.

In addition, a history of good faith partial payments toward the water bill will be taken into consideration, especially when those payments demonstrate an effort to avoid service disconnection. These efforts do not guarantee approval but help strengthen your application.

Required documents

To process your application, please submit the following:

- A notice from El Paso Water showing that your account is currently at risk of disconnection.
- A completed application form that includes: household income information, number of persons residing at the household, and ages of household members. This information is for program tracking purposes only.

Disclaimer: Applications that are incomplete or missing documentation will be denied. If application is denied, a new complete application will need to be re-submitted with required documentation. Providing false or fraudulent information will result in the application being denied.

FOR MORE INFORMATION, PLEASE CONTACT US:

AguaCares@EPWater.org

Applicant Information

Account #: _____ Date: _____

Full Name: _____
Last
First
M.I.
Suffix

Gender: Male Female

Service Address: _____
Street Address
Apartment/Unit #

City
State
ZIP Code

Phone: _____ Email: _____

☐ Check if Mailing Address is Same as Above

Mailing Address: _____
Street Address
Apartment/Unit #

City
State
ZIP Code

Household Information

Current Total **Monthly** Household Income: \$ _____

Previous Year **Annual** Household Income: \$ _____

Household Member #	Name (Last, First)	Relationship to the Account Holder (spouse, child, housemate, etc.)	Age
(Applicant) 1			
2			
3			
4			
5			
6			

Are any members of the household veterans? _____ Yes

Are any members of the household disabled? _____

Applicant Certification

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. I agree to provide any additional documentation required by the program administrator to document my/our household income. Signatures only required of adults and not those under 18 years of age.

APPLICANT		
Signature	Printed Name	Date

APPLICATION MUST BE SUBMITTED VIA EMAIL TO THE FOLLOWING:

EMAIL: AguaCares@epwater.org

Internal Use Only

ATTACHED DOCUMENTS:

- ☐ Water Bill ☐ Proof of Occupancy (if not account holder)
- ☐ At-Risk of Disconnection ☐ Previous disconnections: _____, _____

☐ ELIGIBLE

☐ NOT ELIGIBLE

☐ PAYMENT ARRANGEMENT CONFIRMED

Date: _____

Ineligibility Reason: _____

Amount _____

Signature _____