

**LUMBEE TRIBE OF NORTH CAROLINA**

**WATER ASSISTANCE PROGRAM**

**APPLICANT NAME**

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| **F** |   | **M** |   | **L** |   |
| **Email Address:** |

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| **MAILING** |  | Apt.  |  |  |   | **PUBLIC HOUSING** |
| **PHYSICAL** |   | Apt.  |  |  |   |   |

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| **SS#** | **SEX** | **DOB** | **TELEPHONE NUMBER** | **ALTERNATE NUMBER** | **INCOME** | **INCOME TYPE** | **MEDICAL DEDUCTIONS** | **FUEL TYPE** |
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| **TOTAL EARNED INCOME** | **EARNED INCOME DEDUCTION** | **CHILD CARE** | **COUNTABLE EARNED INCOME** | **TOTAL UNEARNED INCOME** | **GROSS COUNTABLE INCOME** |
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**HOUSEHOLD MEMBERS**

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**HOUSEHOLD MEMBERS**

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| **NAME** | **SS#** | **DOB** | **RELATIONSHIP** | **INCOME** | **INCOME TYPE** | **MEDICAL DEDUCTIONS** |
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 APPLICANT SIGNATURE DATE STAFF SIGNATURE DATE

I AGREE TO LET THE CASE WORKER KNOW OF ANY CHANGES IN ADDRESS WITHIN 5 DAYS. IT HAS BEEN EXPLAINED TO ME AND I UNDERSTAND THAT IT IS AGAINST THE LAW FOR ME TO MAKE FALSE STATEMENTS AS A RESULT TO RECEIVE SERVICE FOR WHICH I AM NOT ELIGIBLE. I UNDERSTAND I AM SUBJECT TO PROSECUTION IF I DO. I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS APLLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THIS INFORMATION MAY BE CHECKED BY A STATE OR FEDERAL REVIEWER, AND I AGREE TO THIS REVIEW. I GIVE THE AGENCY PERMISSION TO VERIFY ANY UTILITY SUBSIDIES, INCOME, AND ASSETS TO DETERMINE MY ELIGIBILITY.

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| Vendor Name | Mailing Address | Account Holder | Account Number | Benefit Amount |
| Water Vendor |  |  |  |  |  |