



Water Debt Assistance Program Customer Participation Form

Program

In conjunction with New York City HPD's Mortgage Assistance Program (MAP)⁽¹⁾, DEP launched the Water Debt Assistance Program. Qualified customers are offered immediate and temporary relief from Water and Sewer debt. Customers who may qualify are those facing foreclosure, who own and occupy their one family property, and who qualified for Service Termination on March 30, 2011. For enrollment, customers must complete this form, acknowledge responsibility for their past due debt, and be approved/sign the Water Debt Assistance Program Agreement (Agreement)⁽²⁾.

Property

The property located at Borough _____ Block _____ Lot _____ (the "Property"), with service address of _____ has received water and sewer service and has been billed on account number _____. As of _____, the above referenced account is past due in the payment of charges for water and sewer service and owes a total amount due of _____.

Customer

In this form, the owner(s) or authorized representative(s) of the Property may be referred to as the Customer.

Checklist

Review the following questions, check/provide the appropriate response, and bring all applicable attachments and documentation required with this form to a DEP Bureau of Customer Services office.

1. I am the owner of the Property, **or**
 - a. I am an authorized representative of the owner.
 - i. If Yes for 1a, I have attached a notarized Letter of Authorization.
2. The Property type is a 1 Family residence.
3. The owner occupies the Property.
4. I have attached a recent Water Bill listing the owners name and Property service address.
5. I have attached a recent original utility bill (other than a DEP Water Bill) with owner's name and Property service address.
6. I have attached a recent Lis Pendens filing for the Property, **or**
 - a. I have attached a recent bank Mortgage Delinquency notification for the Property.
7. I am providing one of the following valid Photo ID's: NYS Drivers license NYS Non-Drivers license
 Medicaid Card Passport Resident Alien Card
8. The following phone number(s) can be used to contact me _____.
9. The following email address can be used to contact me _____.

⁽¹⁾ Completing this form and/or executing the Agreement does not automatically guarantee or qualify a customer for MAP. Participants interested in qualifying for MAP need to fill out the required MAP forms. **Call 311 to learn more about MAP.**

⁽²⁾ The completion and/or signing of this form by the Customer and/or DEP do not enroll or guarantee enrollment in the Water Debt Assistance Program, which can only occur with an executed Agreement.



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Acknowledgments ⁽²⁾

By Signing below, the Customer acknowledges that all statements above and documents provided to DEP in support of these statements are true and accurate. Customer acknowledges that they have received, read, and understand the terms and conditions required of the Agreement. Customer acknowledges that access to the water meter and an assessment of property use, if required, must be granted to DEP prior to execution of the Agreement. Customer acknowledges that DEP may conduct a background check to validate information and determine eligibility for the Program.

Customer – Print Name

Signature

Date

Customer – Print Name

Signature

Date

DEP use only: Processed By _____ *Unit* _____ *Location* _____

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