

## APPLICATION: Sun City Low Income Assistance Program (Program is for residential customers and their domestic water service 5/8" X 3/4" through 1" meter)

Secti	on 1 – Customer Information	
Customer Account Number Located on Bill		
Name As it appears on your bill		
Home Address Where you receive water service	City	Zip Code
Mailing Address If different from the above address	City	St Zip Code
Daytime Telephone Number     Please include Area Code		
Se	ction 2 - Program Eligibility	
Are you Eligible? Each applicant for the Low Income A eligible for the program. Please chec		t all three criteria below to be
Full time Sun City Resident who is the primary account holder		
Over 65 years old		
Annual income does not exceed \$16,245 for single-person household (\$21,855 for two-person household)		
Receive domestic water service from Arizona-American Water (water meter		

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if requested. I agree to inform Arizona American Water if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I

X

Arizona American Water Customer Signature

cannot exceed 1" inch in size)

may be required to pay back Arizona-American Water the discount I received.

Date

Mail Completed Application to:

Arizona-American Water 15626 N. Del Webb Boulevard Sun City, AZ 85351