



**CITY OF WINNIPEG  
WATER AND WASTE DEPARTMENT - CUSTOMER ACCOUNTS BRANCH**

**H2O Help to Others Program Application Form**

If the information requested does not apply to your situation, please indicate n/a (not applicable).

Home address: \_\_\_\_\_ (Postal code)

Applicant name: \_\_\_\_\_ (Last name) (First name) (Middle initials)

Phone numbers: \_\_\_\_\_ (Work) (Home) (Cell)

Water Utility Account Number: \_\_\_\_\_

Name(s) of all adults living in the home:

Last name	First name	(Initials)	Driver's licence number	Relationship to applicant
Source of income	Annual gross income	Type of proof income provided		
I hereby authorize The Salvation Army staff to seek from and /or release to the City of Winnipeg – Water and Waste Department staff, information for purpose of this application.			Date	Initial

Last name	First name	(Initials)	Driver's licence number	Relationship to applicant
Source of income	Annual gross income	Type of proof income provided		
I hereby authorize The Salvation Army staff to seek from and /or release to the City of Winnipeg – Water and Waste Department staff, information for purpose of this application.			Date	Initial

Last name	First name	(Initials)	Driver's licence number	Relationship to applicant
Source of income	Annual gross income	Type of proof income provided		
I hereby authorize The Salvation Army staff to seek from and /or release to the City of Winnipeg – Water and Waste Department staff, information for purpose of this application.			Date	Initial

If additional adults are in the household, please complete the supplementary form.

Total number of adults in household (18 years old and older) \_\_\_\_\_

Total number of children in household (under 18 years old) \_\_\_\_\_

Current water meter reading: \_\_\_\_\_ Date reading taken: \_\_\_\_\_

Is this bill a result of a plumbing leak?

Yes  No

If yes, have you applied for the Water Leak Credit?

Yes  No

Were you or any member of the household on Employment and Income Assistance program in the last 12 months?

Yes  No

If yes – the name and phone of your case worker is:

\_\_\_\_\_

Please describe any other factors which should be considered in assessing your ability to pay this bill. Examples include house fire, illness, loss of employment, marital separation.

I certify that the information I have given is true and accurate. I understand this credit will be provided on a one-time only basis to all adults in this household.

\_\_\_\_\_  
Signature of account holder

\_\_\_\_\_  
Signature of other adult in household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other adult in household

\_\_\_\_\_  
Signature of other adult in household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Your personal information is being collected under the authority of s.36(1)(b) of *The Freedom of Information and Protection of Privacy Act*. This information will be used to evaluate your request for an adjustment on your City of Winnipeg Utility account and will not be used or disclosed for any other purposes, except as authorized by law. If you have any questions about the collection of this information, contact the Corporate FIPPA Coordinator by mail to City Clerk's Department, Administration Building, 510 Main Street, Winnipeg MB, R3B 1B9, or by telephone at 311.