

S.S. Water Supply Corporation

COVID- 19 Member Relief Application

Name: _____ Account# _____
Date: _____

Email: _____ Phone: _____

Billing Address: _____ State/Zip: _____

Billing Month of Amount Due: _____ *Must be submitted before the due date.*

Reason for Request:

- Family Emergency
 Health Emergency
 Loss of Income

Amount of Bill: _____

Amount I can Pay: _____

The fine print:

1. Member Relief is offered only to Members in good standing with the Corporation.
2. Reason(s) for inability to pay must be provided in writing, along with document(s) supporting those reasons.
3. Member must be on the system for a minimum of 6-Months.
5. Only a Member may apply for an Assistance Plan. Renters must request the owner to apply on their behalf.
6. Assistance may not be provided to accounts showing excessive water use, and/or lack of adherence to SS Water's year-round water conservation program.
7. Assistance is for water sales only.
6. Assistance is not guaranteed, and is subject to change upon review by Management.

Member Signature

Date

General Manager/Office Manager

Date Approved

Approved
Disapproved

Please initial next to the following statements. Failure to do so will void this agreement.

1. I understand that I may only apply for assistance one time per year.
2. Renters are not allowed to apply for payment plans, I am the member and property owner