





LOW INCOME CREDIT APPLICATION

Due Date:	

	L	OAN HACOINIE	CREDII APPLICA	ATION	
		Instructio	ons and Requiremen	ts	
please submit a com application fields, and	pleted application and	es a utility credit t d attach copies or rrent supporting	o low-income homeowne of all required documen documentation with the	rs for water, wastewater, a ts. Applicants should ca application. Applicants r	refully read, complete al
The Storehouse P. O. Box 94810, Albuquerque, NM 87199-4810 E-mail: <u>water@storehousenm.org</u> Phone: (505) 842-6491		P.O. Box 7174, Albuq E-mail: <u>water@rgfp.o</u>	Rio Grande Food Project P.O. Box 7174, Albuquerque, NM 87194 E-mail: water@rgfp.org Phone: (505) 967-8983 (Monday, Wednesday, and Fridays only)		
		Custo	mer Information		
2. Most recent water the account is disqualit	ownership - The curren bill - Only current or up	to date accounts a	are considered for this pro cants may reapply when t	locuments. The homeowne gram. If the account is pas he account is current.	
Last Name:			First Name:		
Property Address:		Matau Authorite	· A a a a sum t Normala mu		
Zip Code:		Water Authority Ac			
	Home Phone:		E-Mail Address:	□ Vaa	□ Na
Is the applicant's nar				Yes	□ No
Does the applicant live on the property? Number of Members in the Family (Please include yourself)					
0.11			• •	nclude yoursell)	
	es of all members living	1-			I.
Name:		Age:	Name:		Age:
	Total Number of Family Members:				
		Proof of Mont	hly Income Require	ments	
household. This requi or any other document Gross Inco	rement includes the mo s that shows income rec ome Guidelines for each	st recent pay stubs ceived for househo ch household me	s for a month, Social Secu old members. mber at 150%. (For each	ns) monthly income for a urity benefits, tax document additional member after \$62,940), 7 (\$71,010), 8	s, government assistance, 8 add \$5,380):
Total Gross Monthly	Income for the Head of	of Household:			
Total Gross Monthly Income for Other Household Members:					
Total Gross Monthly Income for the Entire Household:					
Multiply the Income	for the Entire Househo	old by 12 (months	s) for the Total Annual G	ross Income:	
5. Your signature belo	ow reflects acknowledge	ement of the term	s and conditions of the W	Vater Authority's Low Inco	me Credit Program. Pleas
review and sign the fol	rm. Then e-mail or mail	the completed app	plication with the required	documents.	

Denied

Date:

Manager's Initials & Date:

Denial Reason: Rev 2.26.2024 AMP

Customer Signature:

FOR OFFICIAL USE ONLY

Storehouse

RGFP

Approved