





LOW INCOME CREDIT APPLICATION

Due Date:	

		Instructions	and Requirement	s		
please submit a com application fields, and	pleted application and	attach copies of a	all required document cumentation with the	s for water, wastewater, a s. Applicants should ca application. Applicants r	refull	y read, complete al
The Storehouse P. O. Box 94810, Albuquerque, NM 87199-4810 E-mail: <u>water@storehousenm.org</u> Phone: (505) 842-6491		Rio Grande Food Project 600 Coors Blvd. NW, Albuquerque, NM 87121 E-mail: <u>water@rgfp.org</u> Phone: (505) 967-8983 (Monday, Wednesday, and Fridays only)				
		Custom	er Information			
2. Most recent water I the account is disqualif	wnership - The current	to date accounts are	considered for this prog	ocuments. The homeowne gram. If the account is pas e account is current.		
Last Name:			First Name:			
Property Address:						
Zip Code:		Water Authority Ac	count Number:			
Home Phone:			E-Mail Address:			
Is the applicant's nan	ne on the property?			☐ Yes		No
Does the applicant liv	ve on the property?			Yes		No
	Number of	f Members in the	e Family (Please in	clude yourself)		
3. List names and age	s of all members living	in the household.				
Name: Age:		Age:	Name:		Age:	
			Total Number of Family Members:			
]	Proof of Monthly	Income Requirer	nents		
household. This requir or any other documents Gross Inco	rement includes the mos is that shows income rec ime Guidelines for eac	st recent pay stubs for eived for household r h household memb	r a month, Social Secur nembers. er at 150%. (For each	ns) monthly income for a rity benefits, tax document additional member after (53,370), 7 (\$60,180), 8	s, go	d \$6,810):
Total Gross Monthly	Income for the Head o	f Household:				
Total Gross Monthly Income for Other Household Members:						
Total Gross Monthly Income for the Entire Household:						
Multiply the Income for the Entire Household by 12 (months) for the Total Annual Gross Income:						
_	w reflects acknowledge m. Then e-mail or mail t			ater Authority's Low Inco documents.	me C	redit Program. Please
Customer Signatur	e:			Date:		
FOR OFFICIAL USE ONI	LY					

Denied

Manager's Initials & Date:

Denial Reason:

Storehouse

RGFP

Approved