

Barrier Buster Income Verification Form

Applicant Information		1. Date:	
2. Name: Last, First	3. Birth Date:	4. Phone # (circle) home cell other:	5. Best time to call:
6. Address:		7. City:	8. Zip:
Other Adults in Household		9. Total number of other adults in household:	
11. Name: Last, First	12. Birth Date:	13. Employer:	
14. Name: Last, First	15. Birth Date:	16. Employer:	
Applicant Children in Household		17. Total number of children in household:	
18. Name: Last, First	19. Birth Date:	20. Name: Last, First	21. Birth Date:
22. Name: Last, First	23. Birth Date:	24. Name: Last, First	25. Birth Date:
26. Name: Last, First	27. Birth Date:	28. Name: First, Last	29. Birth Date:
30. History: What Caused the Emergency?			

Financial Statement

Monthly Income		Monthly Expenses			
Source	Applicant	Housemate/Child	Type	Amount	
Wages	\$	\$	Rent	\$	
SSI	\$	\$	Mortgage	\$	
SSD	\$	\$	Food	\$	
VA Benefits	\$	\$	Clothing	\$	
Pension	\$	\$	Car/Insurance/Transport.	\$	
Unemployment	\$	\$	Electric	\$	
FIA Assistance	\$	\$	Telephone	\$	
Food Stamps	\$	\$	Heat	\$	
Child Support	\$	\$	Gas	\$	
Rental Income	\$	\$	Water	\$	
Investments	\$	\$	Medical	\$	
SDI (state)	\$	\$	Taxes (property)	\$	
Social Security	\$	\$	Cable	\$	
Worker's Comp.	\$	\$	Credit Cards	\$	
Other:	\$	\$	Child Care	\$	
Other:	\$	\$	Child Support	\$	
	\$	\$	Other:	\$	
Assets		Liabilities			
Savings	\$	Bonds	\$	Mortgage	\$
Real Estate	\$	Auto	\$	Loans (balance)	\$
IRAs	\$	Auto	\$	Credit Cards	\$
Other	\$	Other:	\$	Medical Bills	\$

I hereby certify that I and/or my dependents have no other financial resources other than those listed above. This is a complete and accurate presentation of my financial status.

Signature of Applicant	Date
Witness/Barrier Buster	Date

City of Ann Arbor Water Utilities Payment Assistance Guidelines

Purpose: The fund is established in recognition of the need for a source of assistance in the community that can provide relief for persons who are in danger of a water utility shut off because of personal financial crisis. It is the intention of the fund to assist qualified residents in preventing a shut-off water service.

Eligibility Requirements:

- Eligibility is restricted to residents of the City of Ann Arbor
- The monies from this fund are intended for residential customers only
- Total household income should be considered when determining eligibility including all roommates and third party support (ie. Family members and/or friends)
- Eligibility is restricted to households with incomes below 50% of the City's Area Median Income (AMI) based on household size and household income. Please refer to HUD 2003 Income Limits Guidelines.

Family Size	1	2	3	4	5	6	7	8
AMI	\$54,400	\$62,200	\$69,900	\$77,700	\$83,900	\$90,100	\$96,300	\$102,600
80%/73%	\$39,550	\$45,200	\$50,850	\$56,500	\$61,000	\$65,550	\$70,050	\$74,600
65%	\$35,360	\$40,430	\$45,435	\$50,505	\$54,535	\$58,865	\$62,595	\$66,690
60%	\$32,640	\$37,320	\$41,940	\$46,620	\$50,340	\$54,060	\$57,780	\$61,560
55%	\$29,920	\$34,210	\$38,445	\$42,735	\$46,145	\$49,555	\$52,965	\$56,430
50%	\$27,200	\$31,100	\$34,950	\$38,850	\$41,950	\$45,050	\$48,150	\$51,300
30%	\$16,300	\$18,950	\$21,000	\$23,300	\$25,150	\$27,050	\$28,900	\$31,750

- Eligibility should be based on the income of the "resident" user (ie. an account or bill may be in the name of an adult child, but the mother is the resident user in need)
- If the City resident is a student not living with parents or family, the student and parental income will be considered in determining eligibility. The portion or percentage of student support the parent(s) are providing must be considered in determining eligibility. If, for example, the parent(s) contributed 75% of the student's household income, only 75% of the parent(s) income should be used in the eligibility formula.

Required Documentation (forward hard copies to Monica Tijerina at 555 Towner St, Ypsilanti, MI 48197):

- Completed income verification form with information from at *least* one of the following:
 - The previous tax year W-2 form or,
 - Current paycheck stub or,
 - Other primary source verification
- Verification of residency (online City database of addresses within the City limits should be accessed):
 - Current piece of mail through US postal service or,
 - Driver's license or,
 - Other
- Notice of water utility shut-off
- Barrier Buster request for funds form complete with corrective action plan if necessary and explanation of shut off notice

Maximum Amount of Assistance provided on Per Case Basis*:

# of people in Household	Max Payout Per Event**	Max Payout in 12 Month Period
1 person	\$55	\$83
2 person	\$105	\$158
3 person	\$145	\$218
4 person	\$185	\$278
5 person	\$230	\$345
6 person	\$290	\$435
7 person	\$310	\$465
8 person	\$360	\$540

* Economic Criteria is subject to review

**Based on average consumption rates