

To apply, please provide the following information:

1. Completed Application
2. COPY of current Aquarion Water Bill
3. COPY of Proof of Eligibility from ONE of the following sources:

- Connecticut Energy Assistance
- TANF (Temporary Assistance to Needy Families)
- SSI (Social Security Supplemental Income)
- SSDI (Social Security Disability Insurance)
- Helms Housing Tenant
- Section 8 (Housing Choice Voucher Program)
- RAP (Rental Assistance Program)
- SAGA (State Administered General Assistance)
- Medicaid

PLEASE MAIL ALL REQUIRED INFORMATION TO A.B.C.D., Inc. IN A STAMPED ENVELOPE

QUESTIONS?

Aquarion has partnered with A.B.C.D., Inc. to process our Customer Assistance Program Applications.

If you have any question, contact Action for Bridgeport Community Development, Inc.
(203) 366-8241 ext. 3240

Mailing address:

**A.B.C.D., INC.
1070 Park Ave
Bridgeport CT 06604**

You may also contact Aquarion Water Company locally at (203) 445-7310 or toll-free at (800) 732-9678, with any questions.



Aquarion's 2019

Customer Assistance Program

For Connecticut Customers



About the Program

Aquarion Water Company of Connecticut is pleased to announce that it has allocated a sum of \$50,000 to its Customer Assistance Program to assist customers in need with the payment of their water bills. A one-time voucher, per customer, in the amount of \$50 will be granted to 1,000 customers in who are either home-owners in Aquarion's service territory or contractual renters (water bill must be in renter's name) who pay a monthly water bill. Once the \$50,000 has been allocated, the program will conclude.

Application Process

To apply for assistance, customers may complete the application form to the right and attach proof of eligibility. Customers qualify for assistance if they currently receive assistance from one or more of the following services:

- Temporary Assistance to Needy Families (TANF)
- Social Security Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- Helms Housing recipient paying the minimum
- Section 8 (Housing Choice Voucher Program)
- Rental Assistance Program (RAP)
- State-Administered General Assistance (SAGA)
- Medicaid
- Connecticut Energy Assistance Program

In order to ensure delivery of your application, please fill out application and attach copies as required. Mail to A.B.C.D., Inc 1070 Park Ave Bridgeport CT. 06604

PLEASE ALLOW UP TO 90 DAYS FOR YOUR CREDIT TO BE APPLIED.

Aquarion's Customer Assistance Program Application Form 2019

Customer Name:	
Address:	
City, State, Zip:	
Aquarion Account #:	
What is the best way to contact you if we have questions about your application?:	Phone:
	E-mail:

Please complete the following statement, sign the application, and return it to. Action for Bridgeport Community Development, Inc., A.B.C.D., Inc., 1070 Park Ave, Bridgeport, CT. 06604 prior to December 31, 2019 for consideration on a first-come, first-served basis.

Attach a copy of your most recent water bill, and a copy of your proof of assistance for current year from one of the following services (please check all applicable). **Note that your application will NOT be approved without proof of eligibility:**

- Temporary Assistance to Needy Families (TANF)
- Social Security Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- Helms Housing recipient paying the minimum
- Section 8 (Housing Choice Voucher Program)
- Rental Assistance Program (RAP)
- State-Administered General Assistance (SAGA)
- Medicaid
- Connecticut Energy Assistance Program

Signature: _____

For Office Use ONLY				
Received application		Proof of eligibility		Entered in Database
Eligible? Yes / No		Aquarion notified		Customer notified