



1210 23rd Avenue South  
Waite Park, MN 56387  
320-251-1612 (fax) 320-255-9518

## WATER/SEWER & PROPERTY TAX ASSISTANCE

Date: \_\_\_\_\_ County: \_\_\_\_\_ Number in household: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What assistance are you needing?

- Water/Sewer Bill                      Amount: \_\_\_\_\_
- Property Taxes                              Amount: \_\_\_\_\_

### Application Requirements (Please include copies with application):

- Application Form
- Tri-CAP Intake Form
- Income documentation for **prior 30 days** (pay stubs, income statements, etc.)
- Bill or letter showing water/sewer bill and/or property taxes

My signature below affirms the following:

- The information in this application is correct and I could be held civilly or criminally liable for any fraudulent information.
- I understand that filling out this application does not guarantee that my household will receive assistance from Tri-CAP.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

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**Demographics – including yourself**

| Name | **Race | **Education | Primary Language | **Legal Status/ Residency | Disability | **Ethnicity/ Hispanic | **Health Insurance | Veteran |
|------|--------|-------------|------------------|---------------------------|------------|-----------------------|--------------------|---------|
| You  |        |             |                  |                           |            |                       |                    |         |
|      |        |             |                  |                           |            |                       |                    |         |
|      |        |             |                  |                           |            |                       |                    |         |
|      |        |             |                  |                           |            |                       |                    |         |
|      |        |             |                  |                           |            |                       |                    |         |
|      |        |             |                  |                           |            |                       |                    |         |
|      |        |             |                  |                           |            |                       |                    |         |
|      |        |             |                  |                           |            |                       |                    |         |
|      |        |             |                  |                           |            |                       |                    |         |

**\*\*Key**

Race: (a) White (b) Black or African American (c) Asian (d) Native Hawaiian/Pacific Islander (e) American Indian (f) Multi-racial (g) other

Education: 0-12 (number of grades completed), HS Grad, GED, 12+ some college, 2 or 4 year degree

Legal Status: Citizen, Eligible non-citizen, Ineligible non-citizen

Ethnicity/Hispanic: (y) Yes, Hispanic (n) Not Hispanic

Health Insurance: None, Medical Assistance, Medicare, Private, MN Care, VA, Other

**List income – who receives, what type and how much per month – for each member of household:**

| Name | Source of Income | Monthly Amount |
|------|------------------|----------------|
|      |                  |                |
|      |                  |                |
|      |                  |                |
|      |                  |                |
|      |                  |                |
|      |                  |                |
|      |                  |                |

I have been informed of the Tri-CAP Appeal Process and my Data Privacy Rights through the Tri-CAP Tennessean Warning and have the right to request of a copy of each.

In addition, I certify that the information provided on this application is true to the best of my knowledge.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date