



CITY OF TOPEKA

LOW INCOME WATER ASSISTANCE APPLICATION and RELEASE FORM



Applicant Name(s): _____

Applicant residence: _____
STREET CITY STATE ZIP

Telephone: _____ Email: _____

City of Topeka Water Division Account Code _____ W/WW

Date of Birth: _____ 2023 HOUSE-HOLD INCOME IS \$ _____

By my signature below, I hereby affirm that the utility account is in my name, and I have paid the account for which I am requesting credit for water/wastewater (sewer) utilities for my personal residence.

I FURTHER AFFIRM THAT THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND ACCURATE.

I also understand that by signing this application I agree to specifically hold the administrative program and its employees, officers, and agents harmless from any and all claims and liability relating to these programs.

Federal Poverty Guidelines for 2023
Annual Income

Persons in Family	200%
1	\$29,160.00
2	\$39,440.00
3	\$49,720.00
4	\$60,000.00
5	\$70,280.00
6	\$80,560.00
7	\$90,840.00
8	\$101,120.00

Federal Poverty Guidelines for 2023
Monthly Income

Persons in Family	200%
1	\$2,430.00
2	\$3,286.67
3	\$4,143.33
4	\$5,000.00
5	\$5,856.67
6	\$6,713.33
7	\$7,570.00
8	\$8,426.67

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

IF APPROVED YOUR ACCOUNT WILL BE CREDITED FOR THE AMOUNT APPROVED ON YOUR ACCOUNT AT THE TIME OF REVIEW, UP TO \$300.00.