



# CITY OF TOPEKA — WATER — ASSISTANCE PROGRAM

## FAQ

Each Approved household qualifies for **\$300 credit**.

To qualify for the **Water Assistance Program** you have to have ALL of the following:

- Must be a Shawnee Co. resident and City of Topeka Water Customer
- Water bill must be in applicant's name.
- Must be a homeowner or renter (**NO LANDLORDS MAY APPLY**)
- Must meet income guidelines (See tables below)

Federal Poverty Guidelines for 2024  
(200%)

PERSONS IN FAMILY	MONTHLY INCOME	ANNUAL INCOME
1	\$ 2,510	\$30,120
2	\$ 3,407	\$ 40,880
3	\$ 4,303	\$ 51,640
4	\$ 5,200	\$ 62,400
5	\$ 6,097	\$ 73,160
6	\$ 6,993	\$ 83,920
7	\$ 7,890	\$ 94,680
8	\$ 8,787	\$ 105,440

Include ALL household income for ALL household members regardless of age or relationship.

### **DISTRIBUTION NOTE**

Four quarterly payments for a total of \$300 per your year based on your application date.

### LIST OF DOCUMENTS YOU'LL NEED:

- KS I.D./Drivers License
- Social Security Card
- 2024 Annual Income (1040 Form/W2(s)/Benefit Letter)
- Current/active water utility bill

### APPLICATIONS MAY BE SUBMITTED BY:

- Mail to: Community Resources Council  
455 SE Golf Park Blvd., Topeka, KS 66605
- Fax (785) 233-1905
- Email to [topekawaterassistance@crcnet.org](mailto:topekawaterassistance@crcnet.org)

Assistance is determined based on availability of funds. Completion of an application does not guarantee approval.

**IF APPROVED YOUR ACCOUNT WILL BE CREDITED.**

If you have any questions, please feel free to call Community Resources Council at 785-233-1365.



# TOPEKA KANSAS



# CITY OF TOPEKA



## WATER ASSISTANCE APPLICATION and RELEASE FORM

Applicant Name(s): \_\_\_\_\_

Applicant residence: \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone: \_\_\_\_\_

City of Topeka Water Division Account Number \_\_\_\_\_ W/WW

**2024 HOUSEHOLD INCOME IS \$ \_\_\_\_\_**

By my signature below, I hereby affirm that the utility account is in my name.

**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 all claims and liability relating to these programs.

Federal Poverty Guidelines for 2024 ANNUAL INCOME		Federal Poverty Guidelines for 2024 MONTHLY INCOME	
Household/ Family Size	200%	Household/ Family Size	200%
1	\$30,120	1	\$2,510
2	\$40,880	2	\$3,407
3	\$51,640	3	\$4,303
4	\$62,400	4	\$5,200
5	\$73,160	5	\$6,097
6	\$83,920	6	\$6,993
7	\$94,680	7	\$7,890
8	\$105,440	8	\$8,787
Each person over 8, add	\$10,760	Each person over 8, add	\$896.67

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**IF APPROVED YOUR ACCOUNT WILL BE CREDITED.**

## Client Consent & Release of Information

Client Track is a computer system that is used locally as a Homeless Management Information System (HMIS). Use of an HMIS is required by the US Department of Housing and Urban Development (HUD) for agencies that receive HUD funding. Client Track is not electronically connected to HUD and is only used by authorized agencies. All Client Track users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

A privacy Notice is available at participating agencies. It provides details on how member agencies and their employees handle client information and data sharing.

I give permission to the Department of Neighborhood Relations to collect and enter my personal household information into the Client Track computer system.

I understand that the Client Track system is shared with and used by authorized agencies in my community for the purposes of:

- 1) Assessing the needs of low-income, homeless, or other special-needs people in order to give better assistance and to improve their current or future situations.
- 2) Improving the quality of care and service for people in need.
- 3) Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
- 4) Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- Information I give about my physical or mental health will NOT be shared outside the agency I am working with.
- I have the right to view *my* Client Track file with an authorized user.
- Signing this release form does not guarantee that I will receive assistance.
- I may revoke my authorization by completing a revocation form.
- All agencies that use Client Track will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.

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Client Signature

Date

Client Name (printed)

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Other Adult Signature

Date

Other Adult Name (printed)

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Agency Representative Signature

Date

Agency Representative Name (printed)