

Rhododendron Water Association

Bill Assistance Program

I. Purpose

The Rhododendron Water Association (RWA) has established the RWA Bill Assistance Program. This program will provide funds, when available, to low income members or members who are experiencing a hardship, with payment of their water utility bill.

II. Scope

This program allows the RWA officers and members of the board to review applications from RWA members for temporary assistance in paying their water utility bill as well as providing assistance to members who are dealing with an emergency or crisis in their life who could use assistance.

III. Policy

The policy is to assist RWA members in paying their utility bill when they have demonstrated to the RWA board a need for assistance. This will be subject to available funds and will be open to applications at the beginning of each calendar year. RWA members can receive assistance once during any calendar year. Applicants may qualify under the following conditions:

- Low income/Disabled/Senior
- Door Hanger (water has been shut off due to non-payment)
- Emergency/Crisis

IV. Funding

The program will be funded solely by donations from individuals, charitable groups and outside organizations. No RWA funds will be used for this program, but the funds will be kept and distributed by the RWA board as needed.

V. Application for Assistance

RWA members may apply personally for Bill Assistance Funds or may be referred by other members, groups or organizations. All applications will be reviewed by the RWA Board of Directors and funds will be disbursed to qualified individuals on a first come, first served basis. The RWA Board of Directors reserves the right to ask for partial payment of outstanding bills in order to qualify for assistance funds. If a funded account is closed and a credit balance remains, RWA will return the assistance funds to the program, not to the RWA member.

Rhododendron Water Association
Bill Assistance Program Application

Name of Applicant _____

Address of Applicant _____

Full time resident Phone number _____

Part time resident Email address _____

Monthly income _____ Monthly expenses _____

Reason for assistance request:

I verify that the information that I provided in this application is complete and true.

signature of applicant _____

Date application received ___/___/_____

Date action taken ___/___/_____

Action taken:

- Request Approved
- Additional information requested
- Funds not currently available
- Request denied