



**H<sub>2</sub>O Fund Administrator**  
 2038/2044 Gottingen Street  
 Halifax, NS B3K 3A9  
 Phone: 902-422-1598 Ext. 240  
 Fax: 902-444-8914  
 Email: sacoh.h2o@gmail.com

**H<sub>2</sub>O Fund (Help To Others Fund)**

The H<sub>2</sub>O Fund assists low-income households with the cost of residential water, wastewater and stormwater services in an emergency situation if eligibility guidelines are met. A household is determined to be in an emergency situation when there are no resources to pay the Halifax Water bill and/or the household is about to face disconnection of water service.

**Halifax Water Account Holder Information (please print)**

Date: \_\_\_\_\_ Halifax Water Account No.: \_\_\_\_\_  
 Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_  
 Address (include box number and postal code): \_\_\_\_\_

**Household Member Information (please print)**

| Full Name of ALL Household Members<br>(First Names, Middle Name(s), Last Name) | Relation to<br>Account Holder<br>(Partner / Son / Daughter,<br>etc.) | Date of Birth<br>(Month / Day / Year) | Valid ID<br>(Driver Lic. No., NS ID No.,<br>Passport No., etc.) |
|--|--|---------------------------------------|---|
|  |  |                                       |   |
|  |  |                                       |   |
|  |  |                                       |   |
|  |  |                                       |   |
|  |  |                                       |   |
|  |  |                                       |   |
|  |  |                                       |   |

**Information Required:**

Applications will not be considered if any household member is missing. Be sure to provide all information for every member of the household. Incomplete applications will be returned via Canada Post.

**Please Complete Both Pages of Application**

If you are interested in receiving information on reducing water consumption, visit [halifaxwater.ca](http://halifaxwater.ca) or call 902-420-9287.

**PLEASE NOTE:**

The H<sub>2</sub>O Fund is **not a rebate program**, and submitting an application does not guarantee assistance. The H<sub>2</sub>O Fund is sponsored by Halifax Water & Halifax Water employees and is administered by The Salvation Army.



Giving  
Hope  
Today

### Household Income Declaration (please print)

| Name of Person Receiving Income | Source of Income<br>(Wages, Income Assistance, CPP, OAS, Child Tax Benefit, Child Support, EI, etc.) | Amount Received Per Month | Notes |
|---------------------------------|--|---------------------------|-------|
|                                 |  |                           |       |
|                                 |  |                           |       |
|                                 |  |                           |       |
|                                 |  |                           |       |
|                                 |  |                           |       |
|                                 |  |                           |       |

**Documents Required:**

- A copy of your most recent Halifax Water bill (dated within the past two (2) months) is REQUIRED. The bill must show the name, address, account number and the amount owing.
- Closed accounts and accounts in the name of someone other than a household member are not eligible.
- All income must be reported in the table above, including but not limited to: wages, employment insurance, worker’s compensation, income assistance, child tax benefits, child support, old age security, etc. Please submit documentation to support income reported in the above table.
- **To make a declaration of no income, you are required to provide:** A letter of support from a community referral (on letterhead, including referral contact name, position and phone number.) A referral letter from the applicant’s local food bank, church, social worker, physician, law enforcement, MLA, etc., will also be accepted.

### Consent to Verify Household Information (please print)

Applicant Name: \_\_\_\_\_ Witness Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Witness Phone No.: (\_\_\_\_) \_\_\_\_\_

Signature(s) Required: \_\_\_\_\_

The applicant must sign above to be considered for assistance. By signing above, the applicant declares the information provided on this application is an accurate and complete disclosure of the requested information. The applicant authorizes the H<sub>2</sub>O Fund Administrator to contact Halifax Water and/or the applicant’s landlord and/or social worker to verify or request additional information.

**COMPLETED APPLICATIONS (with the required documents) MAY BE SUBMITTED BY MAIL, FAX OR EMAIL.**

Contact information is noted in the top right corner of the page. Please allow five business days for application review. The applicant will be contacted when a decision is made. If the application process is approved, payment of the amount due or \$275, whichever is less, will be made directly to your Halifax Water account.

### OFFICE USE ONLY

|                  |                           |                    |
|------------------|---------------------------|--------------------|
| <b>DECISION:</b> | <b>H2O FUND APPROVER:</b> | <b>AMOUNT: \$</b>  |
| <b>DATE:</b>     | <b>NOTES:</b>             | <b>CMS HH ID#:</b> |