



Water Debt Assistance Program Customer Participation Form

Program

DEP offers a Water Debt Assistance Program (WDAP) to homeowners who are facing foreclosure or mortgage delinquency. **The program is applicable to customers in service termination or the lien sale that reside in a specific building class(see below). Customers who qualify are those who received a current (i) Pre-Lien Notice, (ii) 90-day Lien Sale Notice from the Department of Finance (DOF), (iii) Service Termination Warning Notice, (iv) 10-Day Service Termination Notice, or (v) a 15-Day Service Termination Notice.** Such notices are considered "current" if the date specified on the notice by which you must act to avoid the consequences of the lien sale or service termination, has not yet expired. In addition, the customer must be the owner and reside at one of the approved property types listed below. Customers must also complete and sign this Participation Form and acknowledge responsibility for their past due water and sewer debt. The completion and/or signing of this form by the customer or their authorized representative, does not automatically enroll or guarantee enrollment in the Water Debt Assistance Program (WDAP). The customer will be required to sign and execute a Water Debt Assistance Program Agreement. **(Agreement).**

Property

The property located at Borough _____ Block _____ Lot _____ (the "Property"), with service address of _____ has received water and sewer service and has been billed on account number _____. As of _____, the above referenced account is past due in the payment of charges for water and sewer service and owes a total amount due of _____.

Customer

In this form, the owner(s) or authorized representative(s) of the Property may be referred to as the Customer.

Checklist

Review the following questions, check/provide the appropriate response, and bring all applicable attachments and documentation required with this form to a DEP Bureau of Customer Services office.

1. I am the owner of the Property, **or**
 - a. I am an authorized representative of the owner.
 - i. If yes for 1a, I have attached a notarized Letter of Authorization.
2. The Property type is a ☐ 1 Family ☐ 2 Family ☐ 3 Family ☐ 1 Family w/Store or Office
☐ 2 Family w/Store or Office
3. The owner occupies the Property as their primary residence.
4. I have attached a recent Water Bill listing the owners name and property service address.
5. I have attached a recent original utility bill such as a National Grid or Con Ed bill with the owner's name and Property service address.
6. I have attached a recent Mortgage Delinquency notification for the Property.

☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No



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7. The owner is currently in bankruptcy. ☐ Yes ☐ No
8. I am providing one of the following valid Photo ID's: ☐ NYS Driver's license ☐ NYS Non-Driver's license
- ☐ Medicaid Card ☐ Passport ☐ Resident Alien Card
9. The following phone number(s) can be used to contact me _____.

Acknowledgments

By Signing below, the Customer acknowledges that all statements above and documents provided to DEP in support of these statements are true and accurate. Customer acknowledges that they have received, read, and understood the terms and conditions required of the Agreement. Customer acknowledges that access to the water meter and an assessment of property use, if required, must be granted to DEP prior to execution of the Agreement. Customer acknowledges that DEP may conduct a background check to validate information provided and determine eligibility for the Program.

Customer – Print Name

Signature

Date

Customer – Print Name

Signature

Date

DEP use only: Processed By _____ Unit _____ Location _____