

# Self-Help Enterprises Regional Bottled Water Program Self-Certification of Residency and Eligibility

To be filled out by Applicant

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Move in date: \_\_\_\_\_ Do you plan on moving in the next 9 months? \_\_\_\_\_

## Confidential Applicant Income Certification

The total gross annual income\* for all members of household is \$ \_\_\_\_\_

\*Gross annual income must include all sources of income (wages, child support, SSI, unemployment, pension, income from assets, retiree benefits, veteran benefits, etc.)

*I certify that the information provided on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds, which may include immediate repayment of all Federal or State funds received and/ or prosecution under the law. I understand that the information on this form is subject to verification by State personnel.*

**By signing below, you are declaring under penalty of perjury that the foregoing is true and accurate, and that you will only use the bottled water provided under this program for drinking purposes.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I acknowledge that all water bottles and/or equipment provided to me, by the respective vendor, through the Self-Help Enterprises Regional Bottled Water Program, is to be used solely for the purposes set forth in the program guidelines. I am responsible for any and all damages to the equipment provided under this program. Furthermore, upon vacating the premises, I will contact Self-Help Enterprises via email at [bottledwater@selfhelpenterprises.org](mailto:bottledwater@selfhelpenterprises.org) or by phone at 559-802-1284 to inform the project staff of my move and coordinate the return of all equipment in my possession.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I understand that it is my responsibility to store both used and unused bottles indoors until the regularly scheduled delivery date. Any damaged, stolen, or lost bottles will be my responsibility to pay for and will not be replaced using funds from the bottled water program.**

**I understand that on delivery dates, it is my responsibility to leave my bottles outside my home, where the respective vendor can pick them up and replace them. I understand that the respective vendor will not knock on my door or come into my residence to replace any used bottles.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_