



Placeholder Customer Name
Service Address XXX Streetname
Philadelphia, PA

**YOUR WATER ACCESS CODE:
123456789**

Congratulations! You are now enrolled in Philadelphia's Tiered Assistance Program for water customers.

Month XX, XXXX

Dear Customer,

We're partnering with other governmental agencies to reduce the number of application forms you need to fill out for water bill assistance. Due to this partnership, we can enroll eligible water customers without requiring them to fill out a Customer Assistance application form.

WHY YOU WERE ENROLLED

Because you, or someone in your household, recently qualified for an assistance program, we are also pleased to offer you enrollment in Philadelphia's Tiered Assistance Program (TAP) for water customers.

***Please note:** To protect customers' privacy, we have no details about your participation in any other programs, only that you are eligible for TAP. We may contact you to update your household information.*

WHAT TO EXPECT NEXT

Starting with your next bill, **your new monthly water bill will be \$XX.XX**. This will be your maximum monthly bill for regular service and usage charges.

- Your actual bill may be lower than this amount if you have no water debt and your actual usage charges are lower.
- Your existing debt at the time of approval was \$XX.XX.

If you are responsible for additional fees, such as meter charges, repair charges, a HELP loan, or bad check fees, they will be added to this amount.

WHAT YOU NEED TO DO

You do not need to do anything at this time to begin receiving the benefits described below in this letter. However:

- If you feel you do not need water bill assistance or are not eligible, please call us at (215) 821-6138, Monday through Friday, between 8 am and 5 pm, or email us at watercap@phila.gov.
- If you feel you may be eligible for a different rate, you may submit an application through cap.phila.gov/Apply.

You may refer to the Eligibility Guidelines section below for more details.

WHAT BENEFITS YOU WILL RECEIVE

TAP offers lower bills based on a percentage of your household income. In addition to saving money, the program also offers:

- **Consistent monthly bill amounts**, making it easier to budget.
- **Debt Forgiveness** that eliminates all eligible debt, after just 24 full monthly payments.
- **Water Conservation** may be available to TAP customers. If a leak or fixture is causing unusually high usage, we can offer free in-home plumbing fixes.

ELIGIBILITY GUIDELINES

Your TAP rate was calculated based on a percentage of your estimated income. Program eligibility is based on a combination of a customer's household size and household income. For details about eligibility guidelines, please refer to the chart below.

How many people live in your home (including you)?	Is your monthly household income less than:
1 person	\$1,883/month
2 people	\$2,555/month
3 people	\$3,228/month
4 people	\$3,900/month
5 people	\$4,573/month
6 people	\$5,245/month
7 people	\$5,918/month
8 people*	\$6,590/month

**For households with more than 8 people, add \$673/month to the amount above for each additional person to find your household's Income Eligibility Guideline.*

Please note: you may still qualify for other assistance programs if your household income is more than the chart above. If you believe you are eligible for a different rate or are above these income limits, you are encouraged to submit an application through cap.phila.gov/Apply.

QUESTIONS?

You can find more information on this at cap.phila.gov/start/welcome or call us at (215) 685-6300. We are available to answer any questions about this program.

Sincerely,
City of Philadelphia,
Water Customer Assistance Team

Customer Responsibilities



Below are the customer responsibilities for being enrolled in a customer assistance program.

1. I agree to abide by all the Customer Assistance Program rules and requirements.
2. I agree to pay the Water Revenue Bureau the required monthly program payment amount.
3. If your check is returned unpaid for insufficient or uncollected funds,
 - (1) you authorize The City of Philadelphia or its agent to make a one-time electronic fund transfer from your account to collect a fee of \$20;AND
 - (2) The City of Philadelphia or its agent may re-present your check electronically to your depository institution for payment.
4. I agree to recertify as required by the program (if interested) by submitting an application with updated household income and other required information.
5. I agree to report all changes in household size and income, even if the changes occur before my required recertification date.
6. I authorize the Water Revenue Bureau to verify and share information provided on this application within City departments and with third party partners for the purpose of ensuring that I have access to all water assistance programs available to me.
7. I understand that if my service is off due to an uncorrected notice of violation or defect, or a determination that providing service would endanger life, health, safety or property, I must correct the violation and/or make any necessary repairs before service will be restored.
8. I understand that fraudulent applications or unauthorized use of service (providing water for use at a location other than my primary residence) will result in removal from the program and additional consequences (which shall include back charges).
9. I agree to be enrolled in the program that will result in the lowest monthly bill for me, whether it is TAP, WRAP Recertification, Senior Discount, standard or extended payment agreement, or regular billing.
10. I understand that my bill is due when rendered, and if any amount due from me is more than two billing periods delinquent, I may be subject to termination of service.
11. I agree to pay the Water Revenue Bureau the monthly TAP payment amount and, if applicable, meter charges, repair charges and HELP loans. I understand that my TAP Payment amount may be higher than my current service and usage charges. Since I am responsible for the full TAP payment amount, any payment above my current charges will be applied to any outstanding balance on my account. *
12. I agree to accept and reasonably maintain any free conservation measures offered by the Water Department. *

* Responsibilities with an asterisk will only apply if you are enrolled in TAP.

You have the right to dispute decisions made by the Water Revenue Bureau. If you disagree with the decision(s) made in this letter, you must submit a petition form to the Tax Review Board (TRB) within 60 days of the date on this letter. Forms can be requested from the TRB by calling (215) 686-5216 or downloaded at: www.phila.gov/trb/petition.

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Would you like to be considered for other assistance programs?

You **must give us permission** to share your information with our assistance partners.

There are **two options to give us permission to share your information**:

- **Mail this page of this letter back with your signature.**

OR

- **Scan this QR code** and check the box to consent to sharing your information.



*To opt-in by mail to be considered for other assistance programs you **must include this page** with your signature and mail to:*

*Customer Assistance Division - Water Revenue Bureau
Municipal Services Building
1401 John F. Kennedy Blvd. – Rm 230
Philadelphia, PA 19102*

I agree to share my information to be considered for other assistance programs. I understand that I may not qualify for other programs, and automatic enrollment is not guaranteed.

Signature: _____

Provide your email address or mobile number to receive program communications via email or text.

Email: _____

Mobile number: _____



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