

Six Nations Water Connection Application – Phase 1



| | |
|---|--|
| Applicant: | |
| Co-applicant: | |
| Address: | |
| Contact Number/ email | |
| List all members living in the home: | |
| Do you own the home? | |
| If no, name of home owner and contact | |
| Does the home have a contaminated water source? *Please contact Six Nations Health Promotion (519-445-2809) for water testing. Please attach test results to show contamination. | |
| Number of children age 5 and under living in the household at least 50% of the time: | |
| Number of children ages 6-15 living in the household at least 50% of the time: | |
| Number of children ages 16-18 living in the household at least 50% of the time: | |
| Number of household members over the age of 55 | |
| Number of people in the household living with a chronic illness. Please list ages and illness | |
| What is the <u>MONTHLY household income and revenues?</u> | Less than \$1,000 \$1,0001-\$2,000 \$2,001 - \$3,000 \$3,001 - \$4,000 \$4,000 - \$5000 \$5000+ |

Six Nations
 Water Connection
 Application – Phase 1



| | |
|--|---|
| What are your MONTHLY <u>household expenses</u> including water costs, utilities, food expenses, insurance, vehicle payments, rent, mortgage payments, debt payments, child support or other financial barriers per month? | Less than \$1,000 \$1,000-\$2,000 \$2,001 - \$3,000 \$3,001 - \$4,000 \$4,000 - \$5000 \$5000+ |
| How will water connection improve your quality of life: | Address health concerns Water presently not consumable Lessen work absence Lessen school absence Lessen expense of water delivery Lessen hard water damage Alleviate water supply failure Presently using facilities outside of home Other (please describe): |

Note: Houses that received connection under the GCG Water Connection Agreement are not eligible for reimbursement.

I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject this application to be withdrawn.

Name

Date

Signature

Return this application to
 Public Works Administrative Office or email to:
PublicWorksAdmin@sixnations.ca