



## Financial Assistance Eligibility Authorization

**Connecticut Water Account Number:**

**Customer Name:**

**Customer Phone Number:**

**Customer Email Address:**

*This form should be completed by the customer's local Social Service Agency, Community Action Agency, Generation Power CT, or other authorized agency. Once the agency has confirmed income eligibility, Connecticut Water will enroll customers in any financial assistance programs for which they are eligible, including: Water Rate Assistance Program (WRAP) and Generation Power CT grants.*

**Agency representative: please confirm by initialing that you have validated the following information about the applicant:**

**Customer Identity:**

**Tenants:**

*(validation that the customer is a tenant and has completed a copy of the Billing Authorization Form)*

**INCOME INFORMATION:** Please initial appropriate income level. 2025/2026 Federal Poverty Level can be found [here](#). 2025-2026 Connecticut State Median Incomes can be found [here](#).

**100% Federal Poverty Level:**

**200% Federal Poverty Level:**

**60% State Median Income:**

**Agency Submitting Request:**

**Authorized Representative from agency (please print):**

**Agency Representative Signature:**

**Contact Phone Number or Email Address:**

Return completed form to Connecticut Water at [collections@ctwater.com](mailto:collections@ctwater.com). Call 800.286.5700 with questions.

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**For Office Use Only** Date received: