

HOME WATER CONSERVATION PROGRAM

The Home Water Conservation Program aims to help low-to-moderate income homeowners reduce water waste, increase efficiency, and save money on their water bills. Project Home does this by evaluating household needs for potential water-saving improvements, including fixing plumbing leaks, or the installation of a high-efficiency toilet and/or other water-saving devices.

Conservation improvements done by Project Home are at minimal to no cost to the homeowner. Participants must be Madison Water Utility customers. Following submittal of your application, Project Home will contact you to conduct a brief orientation.

Your Name: _____ Date: _____
 Address: _____ ZIP: _____
 Phone: _____ Alternate Phone: _____

HOUSEHOLD INCOME

Please **list each member of your household**, the **type of income** each household member receives, and the **total amount earned annually** (before taxes and deductions) for each household member.

Examples of income include: Wages, Self-employment, Unemployment, Child Support, Alimony, Social Security, Social Security Disability, SSI, Pension, Retirement, Veterans benefits, Rental income, Interest income, Dividends, etc.

Name	Income Type	Gross Annual Income (Before Taxes)
		\$
		\$
		\$
		\$
Total Yearly Household Income:		\$

HOUSEHOLD DEMOGRAPHIC INFORMATION

What is the total annual gross income (combined) for all members of your household? \$ _____

How many people are in your household? _____

Head of household gender? Female___ Male___ Non-Binary___

Is anyone in your household 62 years old or older? YES___ NO___

Is anyone in your household 6 years old or younger? YES___ NO___

Does anyone in your household have a permanent disability? YES___ NO___

Is anyone in your household Hispanic? YES___ NO___

Is anyone in your household a veteran? YES___ NO___

Please indicate the race of each person in your household below. For each race, indicate the number of household members belonging to that race:

- | | |
|---|---|
| <input type="checkbox"/> American Indian and Alaska Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Multiracial / Mixed-Race |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other Race (Not Listed) |
| <input type="checkbox"/> Native Hawaiian and Other Pacific Islander | |

I certify that the above information is complete and correct to the best of my knowledge. I understand that providing false information will disqualify me from the Home Water Conservation Program.

Applicant signature _____ Date _____



HOME WATER CONSERVATION PROGRAM

Income Verification Form

Agency – Project Home, Inc.

Program – City of Madison Water Conservation

To participants in this project:

The City of Madison Water Utility, which funds this project, has stipulated that we only serve low-to-moderate income families (see table below) that are customers of Madison Water Utility. In order to document that benefits are received by the intended population, we ask that you verify that you pay your water bill to Madison Water Utility, review the income limits listed below, and check the appropriate description. Note: some areas near the city of Madison are served by Madison Water Utility; please check your water bill to make sure which utility supplies your water.

CHECK ONE: EFFECTIVE 6/1/2026

_____ A. I/we certify that I/we pay our water bill to the Madison Water Utility, and that within the past twelve months my/our household income has been less than the maximum shown for my/our household size.

Household Size *	Maximum Annual Gross Income**
1	\$74,800
2	\$85,450
3	\$96,150
4	\$106,800
5	\$115,350
6	\$123,900
7	\$132,450
8	\$141,000

* Number living in home **Total combined income from all sources living in home.

_____ B. I/we do not pay our water bill to the Madison Water Utility.

_____ C. I/we are Madison Water Utility customers, but my/our household income is greater than the levels indicated above.

Household annual gross income includes total income from all sources, including, but not limited to wages, interest, dividends, commissions, rents received, payments from annuities, retirement plans, social security, and any other source of income.

I certify that the above information is complete and correct. I agree to provide documentation to verify household income level upon request by the agency.

Owner _____ Date _____

Co-Owner _____ Date _____