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# Right to Water Service

## ***Rights to Service***

The Ayer DPW will not terminate water service to an owner-occupied property when the property owner or a direct family member is seriously ill to the point where the illness causes a documented financial hardship. Similarly, water service to homes occupied entirely by individuals over the age of 65 will not be terminated, if a documented financial hardship exists. In order to document a financial hardship, you must contact the DPW at 978-772-8240.

In addition, tenants can avoid termination if a landlord's bill is overdue.

## ***Medical Hardship***

Within seven (7) days of the initial call to the Ayer DPW (978-772-8240), a physician or the Board of Health must forward to the Ayer DPW documentation explaining the medical condition. A completed Certificate of Financial Hardship Form must also be forwarded to the DPW within seven (7) days. The [Certificate of Financial Hardship Form](#) is available at DPW office at 25 Brook Street.

The medical condition must be renewed monthly (or quarterly if the illness is determined to be chronic). A Certificate of Financial Hardship Form must accompany each renewal. Failure to submit the required certification may result in water service termination.

## ***Senior Citizens***

When Ayer DPW receives documentation that a residential property is occupied entirely by individuals over the age of 65, residents must then complete a [Certificate of Financial Hardship Form](#) within seven (7) days. This form is available at DPW office at 25 Brook Street..

Renewal of the Certificate of Financial Hardship Form for purposes of sustaining service to properties occupied by senior citizens must be made on a monthly basis. Failure to submit the required certification may result in water service termination. For more information on this process, please contact the DPW at 978-772-8240.

## ***Tenants***

Tenants are not responsible for a landlord's outstanding balance. If a landlord's bill is overdue, upon proof of residence, such as utility bill or driver's license, a single tenant or group of tenants may pay a 30-day projected bill for the building to avoid termination of water service. This sum may then be deducted from the rent paid to the landlord. Please call the DPW at 978-772-8240.

## FINANCIAL HARDSHIP CERTIFICATE

Households with a financial hardship and a serious or chronic illness, a child under 1 year of age. or if you and all members of your household are sixty five years or older, you may be eligible to stay termination of your water service or resume water service terminated for non-payment.

If you think you may qualify, please fill out this form, provide the required documentation and return it to the Ayer DPW.

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Account Number \_\_\_\_\_

Photo Identification \_\_\_\_\_

If you are a residential tenant, proof of residency at the premises scheduled for termination is required.

**I receive a benefit under one of the following programs (please check all that apply):**

*Acceptance letters from the certifying agency are required:*

- Supplemental Social Security Income
- Transitional Aid to Families with Dependent Children (TAFDC)
- Emergency Aid to Elderly, Disabled and Children (EAEDC)
- Food Stamps
- Mass. Health Basic and Standard (formerly Medicare)

*Eligibility letters are required:*

- Refugee Resettlement Benefits
- Low Income Home Energy Assistance (LIHEAP) (Fuel Assistance)
- Head Start
- National School Lunch or Breakfast Program
- Senior Pharmacy Program
- Mass. Veterans Benefits (GLC. 115)
- Dependency and Indemnity Compensation (DIC) for Surviving Parents of Veterans
- Improved Veterans Disability Pension

I certify each of the following to be true. I receive assistance benefits under program(s) checked above. I authorize the agency responsible for benefit(s) being received to release information on this application to the Ayer DPW. I authorize the administrator of the program checked above to notify the Ayer DPW in the event that my benefits are terminated. I also understand that I am required to notify the Ayer DPW if my benefits end.

Signature \_\_\_\_\_ Date \_\_\_\_\_