



NOMI Water Bill Assistance Program

Relief Response to COVID-19 (Adopted May 12, 2020 by the North Miami City Council)

NOTE: You will be notified either by email or mail whether you have been awarded \$50 towards your water bill

Intake Form

DATE OF INTAKE: _____

CITY OF NORTH MIAMI RESIDENT: YES NO

UTILITY ACCOUNT NUMBER _____

\$ _____
ACCOUNT BALANCE

FAMILY SIZE _____

LAST NAME _____

FIRST NAME _____

SERVICE STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

REASON(S) FOR REQUEST OF AID:

_____ Loss of job or reduced income due to COVID-19 (Please provide evidence from employer; letter, email, etc)

_____ Loss of business due to COVID-19 (Self-Employed; provide evidence to support)

_____ Medical Personal COVID-19; Unable to work

_____ Medical Family COVID-19; Unable to work

OTHER:

I swear and affirm the information provided to the City of North Miami in this application form is honest and accurate.

SIGNED: _____

DATE: _____

For Official Use Only. Do not write below the line above.

Applicant Deemed:

_____ Eligible:

_____ Non-Eligible:

No Hardship: _____

Non-Resident: _____

Intake form assessed by: _____
(Housing and Social Services Department Clerk)

Reviewed by: _____
(Housing and Social Services Department Supervisor)

Award Processed by: _____
(Finance Department)