



Winterization Assistance Application

Purpose

Crystal Clear Special Utility District offers winterization assistance to eligible elderly or disabled customers to help prevent frozen pipes and service interruptions. This program is a pilot initiative and is currently limited to applicants residing in a designated service area. Submitting this application does not guarantee assistance. All services are subject to eligibility verification and the availability of resources.

Section 1: Applicant Information

Full Name: _____

Service Address: _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address (if different): _____

Phone Number: _____ **Email Address (optional):** _____

Preferred Method of Contact: ☐ Phone ☐ Email ☐ Mail

Section 2: Customer Status

☐ I am the account holder with **Crystal Clear Special Utility District**

☐ I am an authorized representative (caregiver, family member, legal guardian)

Authorized Representative Name (if applicable): _____

Relationship to Customer: _____

Section 3: Eligibility Criteria

(Check all that apply)

☐ I am **62 years of age or older**

☐ I am **disabled** (a physical, mental, or medical condition that substantially limits one or more major life activities)

☐ I receive one or more of the following benefits (optional):

☐ SSDI

☐ Medicaid or Medicare

☐ Veterans Disability Benefits

☐ SSI

Documentation may be requested to verify eligibility.

Section 4: Winterization Assistance Requested

(Check all that apply)

☐ Insulation of exposed water pipes

☐ Insulation of water meter or meter pit

☐ Shut-off valve inspection or protection

☐ Inspection for leaks related to freezing risk

☐ Educational materials for customer-installed winterization

☐ Other (please describe): _____



Section 5: Home Information

Type of Residence:

☐ Single-family home

☐ Mobile or manufactured home

☐ Apartment or duplex

☐ Other: _____

Is the water meter exposed, or is it protected by a meter box?

☐ Exposed

☐ Protected by a meter box

☐ Not sure

Have you experienced frozen pipes or meter issues in the past?

☐ Yes ☐ No

Section 6: Permission and Access

I authorize **Crystal Clear Special Utility District** and its authorized contractors to access my property, as reasonably necessary, for the purpose of providing winterization assistance.

☐ Yes ☐ No

Section 7: Certification and Signature

I certify that the information provided is true and correct to the best of my knowledge. I understand that winterization assistance is subject to eligibility verification, available resources, and program guidelines established by **Crystal Clear Special Utility District**.

Applicant Signature: _____ **Date:** _____


Authorized Representative Signature (if applicable): _____

Submission Instructions

Submit this application to:

Crystal Clear Special Utility District

 Outreach@crystalclearsud.org

 (830)-372-1031