

# City of Wilmington



**MICHAEL S. PURZYCKI**  
Mayor

The Utility Payment Assistance Program (UPAP) is still available to any income-eligible City of Wilmington resident/customer who is at least 18 years old and has a delinquent water utility account for more than 90 days. Qualified residents/customers can request up to \$1,500 to pay their delinquents water/sewer bills. Funds are distributed on a first-come, first-served basis.

## **ELIGIBILITY**

To be eligible for the assistance program, you must meet the following qualifications:

- Be at least 18 years of age at the date of application;
- Provide proof of age, such as a driver's license or official State ID with picture;
- Be a City of Wilmington resident and or water/sewer customer;
- Have a water utility account that is 3 or more months past due;
- Be the owner of the property, which must also be your principle residence;
- Be the rental tenant responsible for the water utility bill;
- Provide proof of income at or below the [200% federal poverty guidelines](#) (next page) for the most recent 30 days. If additional household members exist, proof of income must also be provided;
- Request one credit per property, even if there are joint owners;
- Agree to pay in full or be placed on a monthly payment plan if an outstanding balance remains after grant funding is awarded

## **APPLY ONLINE, BY MAIL, OR IN PERSON**

The UPAP application can be downloaded and submitted one of three ways:

1. **ONLINE:** <https://www.wilmingtonde.gov/government/city-departments/finance/utility-payment-assistance-program>
2. **MAIL:** Downloaded applications can be mailed to:  
**Department of Finance**  
**Account Services Division**  
**800 N French Street, 1<sup>st</sup> Floor**  
**Wilmington, DE 19801**
3. **IN PERSON:** Applications can be completed and submitted in person at the City/County Building

To avoid delays in consideration of your application, the application and all supporting documentation should be submitted together by placing in an envelope or folder with your name and utility account number. The building is open Monday through Friday between 8:30AM and 3:4PM for in person drop-offs.

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The Federal Poverty Level (FPL)\* benchmark criteria is as follows:

## 2023-2024 Countable Income Limits 200% FPL

Family Size	Gross Monthly Income
1	\$2,430
2	\$3,288
3	\$4,144
4	\$5,000
5	\$5,858
6	\$6,714
7	\$7,570
8	\$8,428
9	\$9,286
10	\$10,144

**NOTE:** This table will be updated if a change in the FPL occurs.

\*Source: <https://www.dhss.delaware.gov/dhss/dss/fpl.html>



### UTILITY PAYMENT ASSISTANCE PROGRAM APPLICATION

**You are required to submit:** (1) a valid driver's license or state issued ID for each applicant, (2) proof of income, (3) verification of household (if more than one), (4) a copy of your lease (if tenant), (5) and the most recent water utility bill for the property.

AMOUNT OF ASSISTANCE (EST): \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY # (LAST FOUR DIGITS ONLY): \_\_\_\_\_ CURRENT AGE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_  
STREET CITY ZIP

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NUMBER OF PEOPLE IN HOUSEHOLD (NOTE HOW MANY MINORS): \_\_\_\_\_

PROPERTY IS OWNED:  INDIVIDUALLY  JOINTLY WITH SPOUSE  JOINTLY WITH OTHERS

CO-APPLICANT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY # (LAST FOUR DIGITS ONLY): \_\_\_\_\_ CURRENT AGE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### MONTHLY SOURCES OF INCOME

Supporting documents are REQUIRED to verify monthly sources of income.

SOCIAL SECURITY \$ \_\_\_\_\_ INTEREST & DIVIDENDS \$ \_\_\_\_\_

WAGES/SALARIES \$ \_\_\_\_\_ PENSIONS/RETIREMENT \$ \_\_\_\_\_

RENTAL INCOME \$ \_\_\_\_\_ CAPITAL GAINS/OTHER \$ \_\_\_\_\_

I hereby affirm that I am the owner/occupant of the above referenced property and that all of the information provided above is true to the best of my knowledge. This information is to be used in determining my eligibility to participate in the Utility Payment Assistance Program offered by the City of Wilmington.

Applicant's Signature

Date

Co-Applicant's Signature

Date

For City of Wilmington Use Only:

Date Received: \_\_\_\_\_ Approval: \_\_\_\_\_ Denial/Decline: \_\_\_\_\_