



Please enter your Information

First Name: *

Last Name: *

Middle Name:

Email: *

Telephone: *

Alt Phone:

Street Address: *

Unit Number:

City: *

State: *

Zip: *

For Homeowners Only

Water bill Account Number: *

For Tenants Only

Water bill Account Number (if your landlord lets you pay the City directly for water):

If you do not have an account number, do you have a written lease that shows a separate charge for water? * Yes No

Do you pay a monthly amount for water to a management company? * Yes No

Are you able to accept funds in any of the following ways? *

- Direct Deposit of funds
- Funds on a debit card
- Check only

Household Information

What is your estimated annual income? * \$

How many people are in your household, including yourself? *

Are you currently enrolled in the BH20 or BH20+ program? * Yes No

Are you currently eligible for and receiving help from any other assistance programs? * Yes No

If yes, please list:

Mailing Address:
C/O CSSD
200 Holliday St
4th Floor
Baltimore, MD 21202

Drop Off Location:
200 Holliday St
1st Floor
Baltimore, MD 21202