



**Leak Repair Assistance Program Terms and Conditions**

**Program:**

- AguaRepairs is a residential water leak repair program focused on making plumbing repairs in single-family homes owned by EPWater customers.
- EPWater has contracted with Rebuilding Together El Paso, Inc., to manage and administer the AguaRepairs Leak Repair Program.
- For questions regarding eligibility or qualifying leaks, contact Rebuilding Together at 915.832.7010.
- Fill out both sides of this application and return to Rebuilding Together El Paso for processing:

**Email:** [info@rebuildingtogetherelpaso.org](mailto:info@rebuildingtogetherelpaso.org)

**Mail:** 6400 Airport Road, Bldg A, Suite G, El Paso, TX 79925

**Qualifying leaks/repairs:**

- The Customer’s leak must be a water leak and not a sewer leak.
- Repairs are restricted to potable water lines and connections to water fixtures from the water meter to the internal service line and outside hose bibbs. Water fixtures, appliances and landscape irrigation lines are not covered.
- Plumbing assistance will not be rendered if such assistance will result in environmental harm or allow existing environmental harm to continue. If an environmental concern is found, it must be remedied to the satisfaction of Utility before plumbing assistance may be provided.
- Home must be habitable and safe for occupation to be eligible for assistance through the Program.

**Eligibility requirements:** To be eligible, customers must be EPWater direct customers and:

- Live in a single-family residential dwelling within El Paso city limits.
- Be the permanent resident(s) in the home for which plumbing assistance is needed.
- Be a listed homeowner of the home with the Central Appraisal District (CAD).
- Own both the home and the land on which the home rests (mobile homes in a mobile park that owns all the land are not eligible for assistance).
- Customer’s household income must be at or below 50% of Area Median Income (AMI) under HUD Income Limits (below) at the time of application.

**El Paso 50% Area Median Income as of 2024** (Will update when new 2025 income guidelines are released.)

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$26,250	\$30,000	\$33,750	\$37,500	\$40,500	\$43,500	\$46,500	\$49,500
Or less	Or less	Or less	Or less	Or less	Or less	Or less	Or less

**Applicant Information**

<i>Last Name</i>			<i>First Name</i>		<i>M.I.</i>	<i>Water Account Number</i>	
Phone:			Email:				
<i>Street Address</i>				<i>Apt/Unit #</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

**Disclaimer:** Applications that are incomplete or missing documentation will be denied. If application is denied, a new complete application will need to be re-submitted with required documentation. Providing false or fraudulent information will result in the application being denied.

### Household Information

Household Member #	Name (Last, First, MI)	Relationship to Account Holder (spouse, child, housemate etc.)	Birth Date (mm/dd/yyyy)	Race*	Hispanic (Y or N)
(Applicant) 1					
2					
3					
4					
5					
6					

Please provide details on your household income if applicable. Provide documentation as outlined on the first page.

### 2024 Annual Income

Income Sources	HH Mbr# 1	HH Mbr# 2	HH Mbr# 3	HH Mbr# 4
Gross Salary including Overtime (before deductions)	\$	\$	\$	\$
Tips, Bonuses, etc.	\$	\$	\$	\$
Social Security, Disability	\$	\$	\$	\$
Pensions, Veterans Retirement Benefits, etc.	\$	\$	\$	\$
Unemployment Compensation (exclude federal pandemic unemployment compensation)	\$	\$	\$	\$
Alimony, Child Support	\$	\$	\$	\$
Welfare Payments (TANF, Aid to Families with Dependent Children, etc.)	\$	\$	\$	\$
Worker's Compensation, Severance pay	\$	\$	\$	\$
Regular Pay, special pay, and housing allowance for the Armed Forces	\$	\$	\$	\$
Other (please describe):	\$	\$	\$	\$
<b>Total Annual Income for Household</b>	\$			

### Applicant Certification

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. I agree to provide any additional documentation required by the program administrator to document my/our household income.

APPLICANT		
Signature	Printed Name	Date