



# CLEAN RIVERS IMPERVIOUS AREA CHARGE (CRIAC) RESIDENTIAL RELIEF PROGRAM APPLICATION

Use this form to apply for financial relief on your household's DC Water bill.

## BACKGROUND

Over the past 10 years, the Clean Rivers Impervious Area Charge (CRIAC) rates have increased to help pay for a \$2.7 billion project to significantly reduce the discharge of raw sewage and stormwater runoff in to the Anacostia and Potomac Rivers and Rock Creek. The District recognizes these increases have imposed a burden on many households. The CRIAC Residential Relief Program provides financial relief to eligible renters and homeowners, significantly reducing their CRIAC costs.

## STEP 1: Determine if your household is eligible for relief.

### To qualify:

1. You must be responsible for paying your DC Water bill. If the DC Water bill is not listed with a household member's name, you must include proof of property ownership or a lease agreement indicating proof of responsibility for water charges.
2. Your total household income must be below 100% Area Median Income (\$117,200 for a household of four). For more information on income guidelines and relief levels visit: [doee.dc.gov/service/criacrelief](https://doee.dc.gov/service/criacrelief)

## STEP 2: Tell us about yourself.

Applicant is the property:  Homeowner  Renter

Applicant First Name \_\_\_\_\_ Applicant Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ *Washington, DC* ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_ \$ \_\_\_\_\_  
Primary Applicant Income

## STEP 3: Tell us about your household.

Primary Household Language:

English  Amharic  Chinese  French  Spanish  Vietnamese  Korean  Other \_\_\_\_\_

HOUSEHOLD MEMBER NAME	DATE OF BIRTH	DISABLED	ANNUAL INCOME
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Report fraud, waste, abuse, and mismanagement to the District's Office of the Inspector General.  
Confidential Toll Free Hotline:  
1-800-521-1639 or  
202-724-TIPS (8477).  
Email [hotline.oig@dc.gov](mailto:hotline.oig@dc.gov)



Total Number of Household Members: \_\_\_\_\_ Household Total Annual Income \$ \_\_\_\_\_



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### STEP 4: Agree to terms.

#### I hereby:

- Affirm that all information in this application is true and complete to the best of my knowledge.
- Understand that I can be penalized by fine and/or imprisonment for making false statements.
- Understand that my signature on this application grants DOEE permission to contact any parties necessary to verify the information that I have provided.
- Authorize DC Water to release my account number, account information, and arrearage information to DOEE in order to assess the effectiveness of services provided to consumers by DOEE.
- Understand that I am obligated to pay my utility bills regardless of approval or disapproval of this application.
- Grant DOEE permission to provide information in my file to other District agencies and organizations from whom I may seek assistance, and for purposes of verification, research, evaluation, and analysis.
- Grant DOEE permission to provide me with information about other programs for which I may also be eligible.

Primary Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### STEP 5: Submit your application.

#### Send this application along with copies the following documents:

- Household's most recent DC Water bill;
- Applicant's photo identification;
- Proof of property ownership or lease agreement indicating responsibility for water/sewer charges if the DC Water account is not under the name of a household member; and
- A copy of the most recent IRS tax return for all members of the household.

#### Submission Options

##### BY EMAIL:

[criac.residential@dc.gov](mailto:criac.residential@dc.gov)  
Subject line: Resident Application

##### BY ONLINE FORM

[doee.dc.gov/service/criacrelief](http://doee.dc.gov/service/criacrelief)

##### BY MAIL

DOEE, Attn: Affordability & Efficiency Division  
CRIAC Residential Relief Program  
1200 First Street, NE, 5th Floor, Washington, DC 20002

### STEP 6: DOEE reviews your application.

DOEE will review your application and approve or deny your application within 30 business days of the date on which you apply.

**If approved:** You will receive an email or letter with the details of your approval.

**If denied:** You will receive an email or letter explaining why your request was denied.

If you disagree with DOEE's decision, you may appeal the decision to the Director of DOEE.

### FREQUENTLY ASKED QUESTIONS

#### Who can I contact if I have additional questions about the program or eligibility requirements?

Please call 311 or email [criac.residential@dc.gov](mailto:criac.residential@dc.gov).

#### How often can I receive assistance?

District residents may apply for assistance once per fiscal year.

