



**MIAMI-DADE WATER AND SEWER DEPARTMENT**  
**Water-Use Efficiency Program**  
**SENIORS AND LOW INCOME TOILET REPLACEMENT PROJECT**  
**RESIDENTIAL APPLICATION FORM**

*PLEASE FILL OUT COMPLETELY*

Name of Water Utility Supplier: \_\_\_\_\_

Water Bill Account Number: \_\_\_\_\_ Check  One:       Single Family       Duplex

Name (print clearly) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Installation Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*HOUSEHOLD INFORMATION*

How many bathrooms: \_\_\_\_\_ # people in household: \_\_\_\_\_ # of toilets being replaced: \_\_\_\_\_ Appox. year home was built: \_\_\_\_\_

Do you require a Handicap Toilet?:  Yes  No      Toilet Preference:  Elongated  Round

**TOILETS ARE ONLY AVAILABLE IN WHITE**

*PROJECT INFORMATION*

This program is for senior citizens who qualify for the additional homestead exemption on their property taxes and those residents who meet the federal criteria for low income households. Participating homes must have been built prior to 1996. This retrofit project will install a toilet, showerhead, aerators to qualifying participants. *Once application is received, the Community Action Agency (CAA) will contact the applicant for additional information necessary to process the application.*

*ALL TOILET REPLACEMENT PARTICIPANTS*

***I have read and understand the Toilet Replacement Program requirements as stated in the Program Guidelines.***

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

***WATER AND SEWER USE ONLY***

Commission District Number: \_\_\_\_\_

Items Installed  
Number of Toilets: \_\_\_\_\_  
Number of Showerheads: \_\_\_\_\_  
Number of Aerators: \_\_\_\_\_  
Outdoor Kit: \_\_\_\_\_

TOTAL: \_\_\_\_\_

Installation Date: \_\_\_\_\_ Assign Inspection - Check  One:       Yes       No

Inspected by: \_\_\_\_\_ Customer Signature: \_\_\_\_\_

## Senior and Low Income Toilet Replacement Project Terms and Conditions for Participants

1. Program is subject to available funds and MDWASD reserves the right to alter the program at anytime without notice.
2. MDWASD reserves the right to deny any applicant for participation that does not meet the program requirements herein.
3. Only High-Efficiency Toilets included in the UNAR list qualify for this project.
4. Applicant's Water Bill Account Number must be provided on the application.
5. New construction is not covered by this project.
6. Applicant name must be the same as water account customer of record.

FOR MDWASD – WATER USE EFFICIENCY PROGRAM USE ONLY

Application Received: \_\_\_\_\_

Application Approved: \_\_\_\_\_

Certified by: \_\_\_\_\_  
Water Conservation Manager

Mail Application To: Miami-Dade Water and Sewer Department  
Office of Water Use Efficiency  
3071 SW 38 Avenue  
Miami, FL 33146

Phone Number: (786) 552-8974

email: [waterconservation@miamidade.gov](mailto:waterconservation@miamidade.gov)