



Low-Income Lifeline Rate Application

DATA PRIVACY NOTICE

Maynilad commits to protect the confidentiality of your personal and sensitive personal information in compliance with the Data Privacy Act of 2012 (RA 10173). By signing this form, you agree to the collection, processing, storage, and use of your personal and sensitive personal information. The collected information will be solely used to enable us to (i) establish the identity of the account owner and authorized representative; (ii) act on the request subject of the authorization; and (iii) get feedback from you on the quality of our service to help us identify areas for improvement. You also agree that your personal and sensitive personal information may be disclosed to third-party contractors engaged by Maynilad as necessary to deliver its services. For the details of our Privacy Policy, visit <https://www.mayniladwater.com.ph/privacy-policy/>.

Date of Application:	Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Renewal
	Type of Account: <input type="checkbox"/> Individual <input type="checkbox"/> Bulk-Metered
Contract Account No.:	
Account Name:	
Applicant Name/HOA Representative (for Bulk-Metered):	
Relationship of Applicant with the Account Holder:	
Address:	
Contact No.:	Proof of Low-Income: <input type="checkbox"/> 4Ps ID No.: _____ <input type="checkbox"/> DSWD/SWDO Certification
<p>The following may apply for a Lifeline rate:</p> <ul style="list-style-type: none"> i. Household-beneficiaries of RA No. 11310, otherwise known as the "Pantawid Pamilyang Pilipino Program (4Ps) Act;" ii. Marginalized customers living below the poverty threshold set by the Philippine Statistics Authority (PSA), with Certification of Family Income Within the Poverty Threshold issued by the Department of Social Welfare and Development (DSWD)/Local Social Welfare and Development Officer (SWDO); iii. Existing residential customers with an individually registered water service connection (WSC) billed under the regular billing scheme "Residential" or under the bulk metering scheme "Average Residential;" iv. Bulk-metered accounts under housing programs or projects of the government duly certified by the Local Government Unit (LGU) or relevant authorities and housing projects for low-income households funded by private entities, in which case, the homeowners association (HOA) will apply on behalf of the customers. <p>To avail of the Lifeline Rate, the customer/applicant must submit the following requirements:</p> <ul style="list-style-type: none"> i. Duly accomplished Lifeline Rate Application Form; ii. Photocopy of the 4Ps ID or Certification of Family Income Within the Poverty Threshold from the DSWD/Local SWDO issued within six (6) months prior to the filing of the application; iii. Photocopy of one (1) valid government-issued ID containing the signature and address of the applicant/customer (if not 4Ps beneficiary); iv. Most recent Maynilad bill, except for new WSC applicants; v. If the applicant is not the account holder, i.e. lessee or tenant, Barangay Certificate of Residency as proof of residence; vi. If the account holder/applicant cannot submit the application in person, (a) a signed letter of authorization—typewritten or handwritten—bearing the names of the account holder/applicant and representative, Contract Account Number (CAN), address of the account, and signature of both the applicant and the representative, the letter should also specify the reason for the representation, and (b) valid government-issued ID of both the representative and the represented, with signature; vii. For bulk-metered accounts, a letter from the HOA signifying intent to apply and a certification that the account/community is low-income issued by the Department of Human Settlements and Urban Development (DHSUD), National Housing Authority (NHA), or the Local Government Unit (LGU). <p><i>Original documents to be presented for viewing purposes</i></p>	

In connection with my application for the Lifeline Rate on my basic water charge, I hereby certify that (i) the above information is correct and (ii) the water service for which this Lifeline Rate is requested is for my personal residence only.

I understand that I, or my authorized representative, must renew this application two months before the anniversary date (i.e., date of approval of the granting of Lifeline Rate) and every three years thereafter to ensure that I can continue to avail of the discount without interruption.

Applicant/ Representative's Signature: _____ Date: _____

TO BE FILLED OUT BY MAYNILAD PERSONNEL	
Application received by:	
Reference No.:	<input type="checkbox"/> With complete requirements <input type="checkbox"/> Incomplete requirements: _____
<input type="checkbox"/> APPROVED APPLICATION _____ Commercial Head / Date	<input type="checkbox"/> DENIED APPLICATION Reason: _____ _____ _____
Renewal Date (mm/dd/yyyy):	