



# SmartFlush CARE Application

For your convenience, you can also apply online at [www.savefortworthwater.org](http://www.savefortworthwater.org)

*Toilets are distributed on a first come, first served basis, subject to available funds.*

Water Account Number: \_\_\_\_\_ Check One:  Own  Rent  
If renter, a Landlord Consent Form is required for processing (See back)

Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_ (Required)

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home ( ) \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email \_\_\_\_\_

## Requested Toilets (Maximum of 2 Total)

Please select the type (Regular or ADA) and quantity (Circle 1 or 2)

Regular (15" high) 1 or 2; ADA/Handicap\* (Requires doctor's authorization-17"high): 1 or 2

**Household Information:** Number of Bathrooms \_\_\_\_\_; Year home built \_\_\_\_\_

*\*Doctor's authorization can be a doctor's note, copy of your license plate, handicap hang-tag or a disability statement.*

## CARE Agreement (Please read, sign and date):

- I understand this program is for residents who are at least 70 years of age.
- I understand this program is for the replacement of up to two non low-flow toilet(s) in houses built before 1994, with verification through Tarrant Appraisal District. *Existing 1.6 gallon per flush or less toilets do not qualify and will not be replaced.*
- I understand that toilet(s) will be installed by a selected plumbing contractor, free to me.
- In accepting this toilet(s), I acknowledge that the Water Department is in no way responsible for any damages to the real property listed above, which may result from or be caused by installation of the water-efficient toilet(s) or modifications to the plumbing.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

*Income applicants, please do not submit this application. Contact CAP at 817.392.5790*

## Forward completed application to SmartFlush CARE Program via:

- **Email:** [waterconservation@fortworthgov.org](mailto:waterconservation@fortworthgov.org); **Fax:** 817.392.8735 or
- **Mail:** SmartFlush CARE Program, Water Conservation, 1000 Throckmorton 201D, Fort Worth, TX 76102

## FOR OFFICE USE ONLY

Active water account;  If rent, Landlord Consent Form;  If ADA, Doctors authorization

**TAD Verification:**  Name match;  Year built \_\_\_\_\_;  No. of baths \_\_\_\_;  DOB Verified \_\_\_/\_\_\_/\_\_\_

Incomplete application returned: \_\_\_/\_\_\_/\_\_\_; Received for Reprocessing: \_\_\_/\_\_\_/\_\_\_

CARE (AGE 70+ ONLY)