



Customer Assistance Program (CAP) Application for Residential Customers

1. CUSTOMER INFORMATION: *(please print clearly)*

Name		EBMUD Account Number ()	
Home Address (<i>Do NOT use a P.O. Box</i>)		Apartment #	City
Mailing Address (<i>If different from home address</i>)		Apartment #	City
			Zip Code

2. NUMBER OF PERSONS IN HOUSEHOLD: _____

Attach a copy of an accepted form of identification for each household member. *(See instructions on back of application)*

3. TOTAL ANNUAL GROSS HOUSEHOLD INCOME: *(All sources before taxes.)* _____

4. HOUSEHOLD INCOME SOURCES:

You must report all income sources for each person who resides in this household. Check all income sources below that household members receive and **attach documentation for each income source.**
(See instructions on the back of this application.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Gross wages and/or gross profits from self-employment | <input type="checkbox"/> Disability or Workers Compensation payments | <input type="checkbox"/> Interests/Dividends from: savings, stocks, bonds, or retirement accounts |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Pensions | <input type="checkbox"/> Scholarships, grants or other aid for living expenses |
| <input type="checkbox"/> Spousal or Child Support | <input type="checkbox"/> Social Security | <input type="checkbox"/> Insurance or legal settlements |
| <input type="checkbox"/> General Assistance, cash and/or other income | <input type="checkbox"/> SSP or SSDI | |
| | <input type="checkbox"/> Rental or royalty income | |

5. DECLARATION and APPLICATION CHECKLIST: *(please read and sign)*

I certify under penalty of perjury that the information on this application is truthful and correct. I have read and understand the requirements of the Customer Assistance Program and agree to provide proof of income in order to participate. I agree to notify EBMUD of any changes to my household or income that may affect my eligibility for assistance.

- I have included an accepted form of identification for each member of the household.
- I have included accepted proof of income to verify the gross annual household income.
- I have hidden or removed the first five digits of any Social Security number on the documentation submitted.

Applicant's Signature: _____ **Date:** _____

6. SEND completed application and all required documentation of income:

BY US MAIL to: EBMUD MS #42 CAP P. O. Box 24055 Oakland, CA 94623	OR	BY FAX to: 510-465-3470
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Normal processing time is 3-4 weeks.
If your application is approved, your CAP credit will appear on your next billing statement.

Do not write below this line

DATE RECEIVED	RECOMMENDED	PROCESSED BY	DATE
COMMENTS _____			



Customer Assistance Program (CAP) Application Instructions

PROGRAM SUMMARY

EBMUD offers its Customer Assistance Program (CAP) to assist low-income residential customers with their water bill. For qualifying customers, EBMUD will subsidize half of the standard bimonthly water service charge, and half of the home water use for eligible households, up to 1,050 gallons per person per month. It will also subsidize 35% of the wastewater service charge and 35% of flow charges. Households must meet the program income guidelines shown in the table at right in order to qualify for the program.

CAP Income Guidelines	
Number of Persons in Household	Household Annual Income <i>(all income sources before taxes)</i>
1-2	\$41,750 or less
3	\$46,950 or less
4	\$52,150 or less
5	\$56,350 or less
6	\$60,500 or less
For each additional person, add:	\$4,150

PROGRAM REQUIREMENTS

1. The EBMUD bill must be in your name.
2. It must be a residential account.
3. You must live at the address where the discount will be received.
4. The home or apartment must have an individual water meter.
(The property cannot be a commercial property, duplex, triplex, four-plex or apartment building with a single meter).
5. Your household must meet the CAP income guidelines in the table above.
6. You cannot be claimed as a dependant on another person's income tax return *(other than your spouse)*.
7. You must submit one of the following forms of identification for **each household member**:
*(Social Security cards are **not** an accepted form of identification).*
 - California Driver's License or California ID *(for adults)*
 - Medical card or School ID *(for minors)*
8. You must **verify the household gross annual income** by submitting:
 - Last year's tax return (1040, 1040A, or 1040-EZ) including all Schedules C and E filed with the return
 - Social Security/pension benefits statement, SSI letter, CAL Works letter, or proof of ACH deposit
 - Two most recent paystubs
 - A printout showing your name, current date and income amount for County Assistance

Note: For your protection, please **hide or remove the first five digits of any Social Security number** on anything you submit.
9. You must notify EBMUD if your household no longer qualifies for the CAP program.
10. You are required to recertify your eligibility every two years.

FOR MORE INFORMATION

Call us toll-free at 1-866-40-EBMUD (1-866-403-2683)

Monday through Friday, 8:00 a.m. to 4:30 p.m.

Email: customerservice@ebmud.com

TTY Access: 510-763-1035

Website: www.ebmud.com