EBMUD

Customer Assistance Program (CAP) Application for Residential Customers

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

EBMUD Account Number

Name | Telephone ( ) | Email

Home Address *(Do NOT use a P.O. Box)* | Apartment # | City | Zip Code

Mailing Address *(If different from home address)* | Apartment # | City | Zip Code

2. ARE YOU A CURRENT RECIPIENT OF LIHWAP (Low Income Household Water Assistance Program) **or LIHEAP** (Low Income Home Energy Assistance Program)**?**

☐ Yes ☐ No **If yes, skip to item #6 below and provide your award letter.**

3. NUMBER OF PERSONS IN HOUSEHOLD: *(See instructions on back of application.)* ______
Attach a copy of an accepted form of identification for each household member.

4. TOTAL ANNUAL GROSS HOUSEHOLD INCOME: *(All sources before taxes.)* ______

5. HOUSEHOLD INCOME SOURCES: *(See instructions on back of application.)*
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.**

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

6. DECLARATION and APPLICATION CHECKLIST: *(Please read, check the three boxes, sign, and date.)*

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.**

How did you hear about EBMUD's Customer Assistance Program?

- ☐ EBMUD Website
- ☐ EBMUD Employee
- ☐ Non-Profit Organization *(i.e. St. Vincent de Paul, RCF Connects, etc.)*
- ☐ Spectrum
- ☐ Social Services Agency
- ☐ Newspaper/Marketing Ads
- ☐ Other: ______

Applicant's Signature: ______ **Date:** ______

7. 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
(Normal processing time is 30 days. 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			

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PROGRAM SUMMARY

EBMUD's Customer Assistance Program (CAP) is available to assist income eligible residential customers with their water bill. For eligible customers, EBMUD will provide a 50% credit on the standard bimonthly water service charge, and the household's water use, up to 1,050 gallons per person per month. CAP will also provide a 35% credit on the wastewater service charge and 35% credit on flow charges. Households must meet the program income guidelines established.

CAP INCOME GUIDELINES

Number of Persons in Household	Household Annual Income *(all income sources before taxes)*
1–2	$59,200 or less
3	$66,600 or less
4	$73,950 or less
5	$79,900 or less
6	$85,800 or less
For each additional person, add:	$5,900

PROGRAM REQUIREMENTS

1. The EBMUD bill must be in your name.
2. It must be a residential account.
   (You may be auto enrolled in EBMUD's CAP if your household is an active recipient of LIHWAP or LIHEAP by submitting your most recent award letter from any one of these income-eligible programs.)
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 dependent 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 and birth certificates are* ***not*** *accepted forms of identification):*
   - *For Adults:* California Driver's License, California ID or U.S. Passport
   - *For Minors:* Medical card, School ID or U.S. Passport

   Note: *For your protection, please* ***hide or remove the medical record number*** *from medical card.*
8. You must **verify the household gross annual income** by submitting for every household member receiving income at least ***one*** of the following *(net income on taxes are* ***not*** *accepted)*:
   - Last year's tax return *(pages 1 & 2 of 1040 or 1040-SR)* including page 1 of applicable **Schedules** 1, C and E filed with the return
   - Social Security/pension benefits statement
   - SSI/SSP, SSDI, CalWORKS or CalFresh award letter or proof of ACH deposit
   - Two most recent paystubs
   - A printout showing your name, current date and income amount for County Assistance or any other source of income. For a full list of income verification options, please see HOUSEHOLD INCOME SOURCES listed on the front page.

   Note: *For your protection, please* ***hide or remove the first five digits of any Social Security number and account numbers*** *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. You will receive a recertification reminder in the mail prior to your expiration date. If you do not receive the notification and continue to qualify for CAP you are advised to reapply.

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.

TTY Access: 510-763-1035

Website: www.ebmud.com/CAP

Email: customerservice@ebmud.com