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. NUMBER OF PERSONS IN HOUSEHOLD: ***(See instructions on back of application.)*** _____

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

4. 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 most recent 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

5. 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 the applicant.

➔ ☐ I have included ***accepted proof of gross annual household income*** and removed the first five digits of any Social Security number from documents.

➔ ☐ I attest that if approved, this will be my only account on CAP.

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

- ☐ ebmud.com
- ☐ EBMUD Employee
- ☐ Non-Profit Organization: _____
- ☐ Social Media
- ☐ Social Services Agency
- ☐ Newspaper/Marketing Ads
- ☐ Other: _____

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

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

BY US MAIL to: EBMUD, MS #105 CAP, P. O. Box 24055, Oakland, CA 94623
***or* BY EMAIL to:** cap@ebmud.com
***or* BY FAX to:** (510) 287-0299

(Normal processing time is within 5 business days. If your application is approved, your CAP credit will appear on your next billing statement.)

Failure to submit the required documentation may result in processing delays or application denial.

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED	RECOMMENDED	PROCESSED BY	DUPLICATE VERIFIED	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	$67,900 or less
3	$76,400 or less
4	$84,850 or less
5	$91,650 or less
6	$98,450 or less
For each additional person, add:	$6,800

**effective 05/29/2026*

PROGRAM REQUIREMENTS

1. The EBMUD bill must be in the applicant's name and the applicant must reside at the address where the discount will be applied.
2. Applicant can only apply for CAP for one account. If EBMUD discovers multiple CAP accounts under the same customer's name, EBMUD reserves the right to back-bill for any overlapping credits on multiple accounts.
3. Premise must be a residential account and have an individual water meter.
   (The property cannot be a commercial property, duplex, triplex, four-plex or apartment building with a single meter.)
4. Your household must meet the CAP income guidelines in the table above.
5. You cannot be claimed as a dependent on another person's income tax return *(other than your spouse)*.
6. You must submit ***one*** of the following forms of valid identification for **the applicant** (*Social Security cards and birth certificates are **not valid** accepted forms of identification):*
   - California Driver's License, California ID or U.S. Passport.
7. You must submit proof of gross annual income for every household member. Income types include:
   - Last year's tax return *(pages 1 & 2 of 1040 or 1040-SR)* including 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.
   - Recent paystub(s) covering **one month** of pay or last year's W-2. *(paystubs must be within the last 45 days and paychecks without the stubs are not accepted)*
   - 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.*
8. EBMUD reserves the right to require additional income verification to further evaluate eligibility at any point throughout your enrollment in CAP.
9. You must notify EBMUD if your household no longer qualifies for CAP.
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 at (510) 287-0468 / Monday through Friday, 8:00 a.m. to 4:30 p.m.

TTY Access: (510) 763-1035

Website: www.ebmud.com/CAP

Email: cap@ebmud.com