Customer Assistance Program (CAP) Application for Homeless Shelters

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

Account Holder Name *(Applicant must be named on the bill)* EBMUD Account Number

Telephone (including area code) Email

Address *(Do NOT use a P.O. Box)* City Zip Code

Mailing Address *(If different from the above address)* City Zip Code

Average number of clients per month: _____ Total number of beds provided: _____

Total number of nights open per year for meals and lodging: _____

2. Business Tax ID NUMBER: _____

3. DECLARATION OF AUTHORIZED REPRESENTATIVE: *(please read and sign)*

I certify under penalty of perjury that I am an authorized representative of the applicant organization, and that the applicant organization qualifies for assistance to pay the EBMUD water bill. I certify that this facility has at least six beds and provides lodging and meals at least 180 days/nights per year. I further certify that the applicant organization has the required permits from the city or county and the Health Department, and has tax-exempt status under IRS Code 501 (c) (3) under the same name that appears on the EBMUD account.

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

- ☐ EBMUD Website
- ☐ EBMUD Employee
- ☐ Non-Profit Organization (e.g. St. Vincent de Paul, Catholic Charities, Richmond Community Foundation [RCF Connects], etc.)
- ☐ Social Services Agency
- ☐ Newspaper/Marketing
- ☐ Other: _____

Name (please print) Signature

Title Date

Mail completed application to: EBMUD, MS #105 CAP, P. O. Box 24055, Oakland, CA 94623
Or fax completed application to: 510-287-0299

Do not write below this line

DATE RECEIVED	RECOMMENDED	PROCESSED BY	DATE

COMMENTS _____

Customer Assistance Program (CAP) Application for Homeless Shelters

EBMUD is proud to be part of the communities we serve and offers a program to help pay part of the cost of water service for non-profit organizations whose provide lodging and meals for the homeless.

PROGRAM SUMMARY

This program will subsidize half of the standard bimonthly water service charge and half of the water usage per client up to 1,050 gallons per person per month. The number of clients is based on the shelter's average number of clients served per month. It will also subsidize 35% of the wastewater service charge and 35% of flow charges.

PROGRAM GUIDELINES

1. The organization's primary function must be to provide lodging and meals for the homeless.
2. The organization must have the required Health Department and City or County use permits.
3. The organization must provide at least six beds and be open for a minimum of 180 days per year. An inspection will be scheduled for verification.
4. The water account **must be in the name of the organization**.
5. Satellite facilities in the name of the main organization are eligible but must file a separate application.
6. Participation in the CAP program is for a maximum of one year. The organization must re-apply annually and demonstrate how the subsidy provided during the previous year was used to benefit its clients.

APPLICATION INSTRUCTIONS

Please provide the following information:

1. Full name of the organization *(applicant must be named on the bill)*.
2. Complete address of site to be assisted *(each location must have a separate application).*
3. Account number as it appears on the bill at the location of service.
4. Average number of clients per month.
5. Total number of beds provided.
6. Total number of nights facility is open per year for lodging AND meals.
7. Signature of authorized representative *(will not be processed if not completely filled out and signed).*
8. Enclose copies of City or County use permit **and** Health Department permit.

Mail completed application and documentation in envelope provided to:

EBMUD
MS #105 CAP
P. O. Box 24055
Oakland, CA 94623

Or fax completed application and documentation to: 510-287-0299

FOR MORE INFORMATION

Contact us 510-287-0468

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

Visit *www.ebmud.com* or email *cap@ebmud.com*

TTY Access: 510-763-1035