Customer Assistance Program Application

The San Bernardino Municipal Water Department’s Customer Assistance Program provides a water discount of $5.00 per month for single family residential customers who qualify.

WHO IS ELIGIBLE?

► I am the customer of record and live within the service territory of the SBMWD...

► The service location is my primary residence...
  (My mailing address is the same as the service address)

► I meet the annual household income criteria & can provide acceptable documentation...

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,300</td>
</tr>
<tr>
<td>2</td>
<td>$26,650</td>
</tr>
<tr>
<td>3</td>
<td>$29,950</td>
</tr>
<tr>
<td>4</td>
<td>$33,300</td>
</tr>
<tr>
<td>5</td>
<td>$35,950</td>
</tr>
<tr>
<td>6</td>
<td>$38,650</td>
</tr>
<tr>
<td>7</td>
<td>$41,300</td>
</tr>
<tr>
<td>8</td>
<td>$43,950</td>
</tr>
</tbody>
</table>

Acceptable Documentation
- Latest Federal Income Tax Return
- Latest State Income Tax Return
- Social Security Benefit Statement
- Previous Year SSI Disability Award letter

► My service is for a single family residence... (No duplexes, triplexes, or other multi-family accounts)

► I do not participate in the EDA Homeowners Low Income Utility Assistance Program...

If you have answered yes to all the questions above you may qualify for the CAP Program...

APPLICATION PROCESS

To be accepted for program review, applicant must submit:

1. Thoroughly completed application
2. Must be filled out accurately
3. Appropriate documentation must be submitted with application
4. SBMWD reserves the right to determine validity of documentation
5. Provide personal identification

The CAP Program will become effective the billing period after which the application is received and approved

CAP participation is for a two year term, program eligibility expires after 2\textsuperscript{nd} year anniversary date

Applicants must re-apply every two years

Limited to 1,000 applicants at one time, first come first served basis
Customer Assistance Program Application

The San Bernardino Municipal Water Department’s Customer Assistance Program provides a water discount of $5.00 per month for single family residential customers who qualify.

1. Complete the application and list all members of your household.
2. Send a copy of ALL proof of income for last year on each household member.
3. Return application and proof of income to Water Department Customer Service:
   Mail completed form to: Or bring to:
   S.B.M.W.D. Water Department Customer Service
   CAP Program 1350 South “E” St
   P.O. Box 710 San Bernardino, CA 92401
   San Bernardino, CA 92402

Water Account Information

Water Account Number

Service Address (Number & Street Name)

First Name ( ) MI Last Name Phone Number (Required)

Social Security Number

Date of Birth

List all household members:

1. Applicant: (person on water account) Age: Source of Income: Amount:

2.

3.

4.

5.

6.

7.

8.

By signing the application, I verify that all information provided is true and correct.

SIGNATURE: __________________________ DATE: ________________

► CAP participation is for a two year term, applicants must re-apply every two years
► Limited to 1,000 applicants at one time, first come first served basis

For Office Use Only:

Date Received CSR ID Type Income Doc. Eligible Effective Date

YES / NO