

Customer Assistance Program Application for RESIDENTIAL Single-Family Customers

The SFPUC Customer Assistance Program (CAP) provides a 25% or 40% discount on water and sewer bills for eligible customers with low incomes.

Section A: Eligibility Criteria (Required)

To apply for CAP, you must meet the following criteria:

1. You have only one water and sewer service account with the SFPUC.
2. Your water and sewer bill is in your name.
3. You are a full-time resident at the address where the discount will be received.
4. You are not claimed as a dependent on another person's tax return.
5. Your total combined household gross income does not exceed the program income guidelines. Refer to the table below to see if your household qualifies:

Household Size	Annual Household Income (40% Discount)	Monthly Household Income (40% Discount)	Annual Household Income (25% Discount)	Monthly Household Income (25% Discount)
1 Person	\$30,250	\$2,521	\$50,450	\$4,204
2 People	\$34,600	\$2,883	\$57,650	\$4,804
3 People	\$38,900	\$3,242	\$64,850	\$5,404
4 People	\$43,250	\$3,604	\$72,050	\$6,004

2023 San Francisco Area Median Income, San Francisco Mayor's Office of Housing and Community Development

Total household income is defined as the combined taxable and non-taxable income of ALL persons living at the address served by the SFPUC account, including:

- Wages or salaries
- Pensions
- Gross income from self-employment (IRS Form 1040 Schedule C)
- Child or spousal support
- Worker's compensation
- Unemployment benefits
- Disability payments or SSDI
- Social Security
- SSI/SSP
- Rent or royalty income
- Insurance or legal settlements
- Interest or dividends from savings accounts, stocks, bonds, or retirement accounts
- Proceeds-sales price (IRS Form 1040 Schedule D)
- Cash income or gifts
- Scholarships and grants

Basic Information

SFPUC Customer Account Number		Name <i>As shown on your water and sewer bill</i>	
Home Address		City	Zip Code
Home Telephone		Email Address	

Section B: Income Verification (Required)

Select **one** of the following options:

☐ **Option 1:** I currently receive calworks, calfresh, or medi-cal benefits from san francisco human services agency (sfhsa) and give permission for hsa to share my income information with SFPUC.

For every member of your household with an income, the following must be filled out on page 3:

- Full name of household member
- Signature (for minors, parent/guardian may sign)
- Date of birth
- Last four digits of Social Security Number

If any of the information above is not available for any income-earning household member(s), use Option 2 or 3 as listed below to verify their income.

By selecting Option 1, I give permission to SFHSA to share limited household income information with SFPUC. I understand that the SFHSA database can only show my name, my address, and whether my household income falls within certain percentages of federal poverty guidelines based on information I have provided to SFHSA. This release of information expires one year from the date I sign on page 2 unless I cancel it in writing before then.

☐ **Option 2:** I will submit a signed copy of the most recent federal tax return(s) for all income earning members of my household.

Please submit all pages of your Tax Return.

☐ **Option 3:** I will submit other income documentation for each member of my household with an income for whom a federal tax return is not available.

For every member of your household with an income, the following must be filled out on page 3:

- Full name of household member
- Gross annual income from all sources
- List income documentation submitted

Income Documentation may include:

- 2 consecutive paycheck stubs
- 2 consecutive copies of Social Security checks
- 2 consecutive copies of SSI checks
- W-2 forms
- Social Security Benefit Verification Letter
- Unemployment benefits statement

Section C: Household Member Information

Total Number of People Living in My Household: _____

Please complete all required columns for every member of your household with an income. If you need additional lines or more space, please attach a separate sheet.

Required for All Occupants		For Applications choosing OPTION 1 (Currently Receiving SFHSA Benefits)			Required ONLY for Applicants Using OPTION 3 (Not Submitting Federal Tax Return)
List Household Member(s), Including yourself	Annual Income from All Sources	Signatures of Household Members With Income Parents/Legal Guardians must sign for any minors (under 18)	Date of Birth	Last 4 Digits of Social Security Number	List Income Documentation Submitted
Jane Doe	\$3,500	Jane Doe	10/3/1982	6789	1) 2 consecutive paystubs 2) W-2 forms
John Doe	\$0	John Doe	4/16/2013	7391	N/A

How would you primarily describe yourself? (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Middle Eastern or North African |
| <input type="checkbox"/> Indigenous, Native American or American Indian | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Latino, Latinx or Hispanic | <input type="checkbox"/> Other |

Preferred Language

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Other |
| <input type="checkbox"/> Russian | |

Are you or is anyone in your household currently enrolled in any of the following programs?

Your response will not impact your eligibility for this discount program. This information is for program improvement purposes only. No personal information will be shared with any other organization without your express permission.

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> MediCal |
| <input type="checkbox"/> CalFresh (SNAP) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> CalWORKs | <input type="checkbox"/> Other |
| <input type="checkbox"/> County Adult Assistance Programs (CAAP) | |

Is there additional information you would like to provide? If so, please use the space below.

Feel free to provide comments, feedback, or ideas for how SFPUC can best support you.

Section D: Declaration & Final Steps (Required)

By signing below, I certify that 1) I meet all eligibility criteria listed under Section A, 2) that the information I have provided in this application is true and correct, and 3) that I have provided income and/or occupancy verification, as required, for all persons living at the address served by my SFPUC account. I agree to notify the SFPUC immediately of any change in my household that affects eligibility for the discount. If I fail to provide the information requested or received the discount when my household was not eligible, I will be removed from the program and may be liable for repayment of the discount from the time that the discount was received. I understand that following enrollment, my account may be selected for random review and agree to provide any information requested.

Customer Signature

☐ Check if guardian or power of attorney

Date

Mail or drop-off completed application to:

San Francisco Water, Power, and Sewer
Customer Services, Attention: CAP Program
525 Golden Gate Avenue, 2nd Floor, San Francisco, CA 94102