



Customer Assistance Program Application

The San Bernardino Municipal Water Department's Customer Assistance Program provides a water discount of \$15.00 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:

S.B.M.W.D.
 CAP Program
 P.O. Box 710
 San Bernardino, CA 92402

Or bring to:

Water Department Customer
 Service 1350 South "E" St
 San Bernardino, CA 92408

Water Account Information

Water Account Number

Service Address (Number & Street Name)

First Name

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Last Name

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Phone Number (Required)

Social Security Number

Date of Birth

List **all** household members:

Age:

Source of Income:

Amount:

1. Applicant: <small>(person on water account)</small>	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 500 applicants at one time, first come first served basis

For Office Use Only:

Date Received	CSR	Income Doc	Effective Date	Eligible	Letter Mailed
				YES / NO	



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WHO IS ELIGIBLE?

	<u>Yes</u>	<u>No</u>
▶ I am the customer of record and live within the service territory of the SBMWD	<input type="checkbox"/>	<input type="checkbox"/>
▶ The service location is my primary residence (My mailing address is the same as the service address)	<input type="checkbox"/>	<input type="checkbox"/>
▶ I meet the annual household income criteria & can provide acceptable documentation	<input type="checkbox"/>	<input type="checkbox"/>

<u>HOUSEHOLD SIZE*</u>	<u>INCOME</u>	<u>Acceptable Documentation</u>
1	\$27,650	- Latest Federal Income Tax Return
2	\$31,600	- Latest State Income Tax Return
3	\$35,550	- Social Security Benefit Statement
4	\$39,500	- Previous Year SSI Disability Award letter
5	\$42,700	
6	\$45,850	
7	\$49,000	
8	\$52,150	

*Household size determined by dependents claimed in income tax

*Each additional person \$3,150

▶ My service is for a single family residence (No duplexes, triplexes, or other multi-family accounts)	<input type="checkbox"/>	<input type="checkbox"/>
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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 2nd year anniversary date
- ▶ Applicants must re-apply every two years
- ▶ Limited to 500 applicants at one time, first come first served basis