



Community Assistance Program Application

SFPUC **POWER** RESIDENTIAL SINGLE-FAMILY CUSTOMERS

The SFPUC Power Community Assistance Program (CAP) helps single-family residential customers pay their electric bills. Eligible customers receive the SFPUC Low-Income Residential Service Schedule R-2.

SECTION A: ELIGIBILITY CRITERIA (REQUIRED)

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

- The electric bill is in your name.
- You are a full-time resident at the address where the discount will be received.
- You only have one electric service account with the SFPUC.
- You are not claimed as a dependent on another person's tax return.
- Your total combined household gross income does not exceed income guidelines shown in the table to the right

CAP PROGRAM INCOME GUIDELINES

Effective July 1, 2019

Number of People in Household	Total Combined Gross Annual Income
1 or 2	\$33,820
3	\$42,660
4	\$51,500
5	\$60,340
Each additional person, add	\$8,840

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
- Scholarships and grants
- Interest or dividends from savings accounts, stocks, bonds, or retirement accounts
- Proceeds-sales price (IRS Form 1040 Schedule D)
- Cash income or gifts

BASIC INFORMATION

SFPUC Customer Account Number

Name (As shown on your electric bill)

Home Address

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.**

For every member of your household, 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 household member(s), use Option 2 or 3 as listed below to verify their income and occupancy.

By selecting Option 1, I give permission to SFHSA to share limited household income information with SFPUC for every member of my household. My information shall be shared only as needed to determine whether I qualify for SFPUC's Power Community Assistance Program. I understand that this 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 previously 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.**

Fill out the name of each household member on **page 3**. You do not need to fill out any other fields.

Please submit all pages of your Tax Return. All household members without income should be listed as dependents on the Federal Tax Return of another household member; if not listed, submit required documents specified in Option 3.

- OPTION 3: I WILL SUBMIT INCOME DOCUMENTATION AND PROOF OF OCCUPANCY FOR EACH MEMBER OF MY HOUSEHOLD BECAUSE MY FEDERAL TAX RETURN IS NOT AVAILABLE.**

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

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

Proof of Occupancy may include:

- Recurring bills
- Bank statements
- Correspondence that includes the name of the household member and the service address of the water bill (e.g. school letter)

List which documents you are submitting for each household member in Section C.

SECTION C: HOUSEHOLD MEMBER INFORMATION

Total Number of People Living in My Household: _____

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

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

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 Power 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.

X _____
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: SFPUC **Power** CAP Program
525 Golden Gate Avenue, 3rd Floor, San Francisco, CA 94102