



Customer Service Bureau  
525 Golden Gate Avenue, 3rd Floor  
San Francisco, CA 94102  
T 415.551.4720  
F 415.551.4755  
TTY 415.554.3488

## Affordable Housing Electric Service Form

Welcome!

You are signing up for Hetch Hetchy Power, which provides affordable and clean electricity for your new home. This means you will save money and help the environment just by signing up!

**Complete this form to start a new account and get a discount on your electricity bill. This form may also be used if you are already a Hetch Hetchy Power customer and want to enroll in a discount program. Write clearly if you are filling it out by hand.**

Please check here if you already have a Hetch Hetchy Power Account and would like to join the Customer Assistance Program. Please fill out the below form and provide your account number:

Account Number \_\_\_\_\_

### Account Applicant: (Head of Household)

\_\_\_\_\_  
First Name Last Name Middle Initial

\_\_\_\_\_  
Email Phone Preferred Language

Preferred form of contact (check one) Email Phone Call Text Message \_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Valid CA Driver License or ID Exp. Date

### Home Address: (of the unit you will occupy and receive electrical service)

\_\_\_\_\_  
Unit Number Date of first Occupancy No. of Occupants

\_\_\_\_\_  
Address

### Billing Address: (Where your electric bills will be sent, if it is different from your home address):

Check here if Billing Address is the same as the Home Address.

If the Billing Address is different from your home address, please fill out this section:

\_\_\_\_\_  
First Name Last Name Middle Initial

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Phone

Preferred form of contact (check one) Email Phone Call Text Message \_\_\_\_\_  
Mobile Phone

**A Service Deposit Charge is applied to new electric service accounts. This deposit is collected with the first bill and is refundable after 12 consecutive months of good payment history. The Service Deposit Charge is subject to change each year in July.**

## Hetch Hetchy Power Programs to Help Lower your Electricity Costs

The Customer Assistance Program (CAP) gives a 30% discount on electricity bills to eligible customers. The Medical Necessity Assistance Program (MNAP) helps households maintain lower rates with higher usage for eligible medical devices. You can only join one of these programs. To learn more about MNAP, visit [sfuc.gov/powerMNAP](http://sfuc.gov/powerMNAP) or call us at (415) 551-4720.

**Please check the boxes below and enter your household income to show your interest in the Customer Assistance Program (CAP).**

I agree to let my electric service account with Hetch Hetchy Power be automatically enrolled in CAP or other discount programs. I understand that my eligibility is based on my household income and the number of people living in my home. I also understand that my account will need to be checked again for CAP every three years.

My current total annual gross household Income is \$\_\_\_\_\_. I allow the Property Manager or other authorized person to verify my income and household information with the SFPUC for my account's automatic enrollment and maintenance in CAP or other discount programs.

By signing below, I confirm that the information I have provided is true and correct. I agree to take responsibility for payment of my account's electricity use. I agree to let the SFPUC know immediately if there are any changes to my eligibility for CAP, MNAP, or other discount programs. I understand my account may be checked randomly, and that I may be asked to provide more information to prove my eligibility. If I do not qualify or provide the needed information, I understand I might be removed from the discount program and could have to repay the discount I received.

### Hetch Hetchy Power Electric Service Head of Household:

\_\_\_\_\_  
First Name Last Name Middle Initial

\_\_\_\_\_  
Signed Date

### Hetch Hetchy Power Electric Service Account Bill Payer (If different from Service Account Applicant):

\_\_\_\_\_  
First Name Last Name Middle Initial

\_\_\_\_\_  
Signed Date

### **This section to be filled out by Property Manager or Other Authorized Agent:**

I, the undersigned, attest to the accuracy of the information stated above by the Electric Service Account Applicant regarding Service Address, Occupancy, Head of Household, and Contact information. I understand that if the tenant has both check boxes above, they are asking me to verify total gross income and occupancy data and that I will do so having conducted due diligence to assure that the data is accurate.

\_\_\_\_\_  
First Name Last Name Middle Initial

\_\_\_\_\_  
Signed Date

\_\_\_\_\_  
Title Company

\_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Email

**This form must be filled out in its entirety and legibly. Any fields left blank will delay account setup.  
Email completed forms to [csbretailservices@swater.org](mailto:csbretailservices@swater.org).**