

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.

As part of our program requirements, all CAP participants must recertify their eligibility every 36 months. Are you submitting this application because you received our communication to recertify your eligibility for the CAP program? Yes No

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. You have a residential single-family account which is individually metered. Examples of accounts that are not eligible for CAP include fire service, residential multiple, irrigation, commercial, and wholesale accounts.
6. 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)	Annual Household Income (25% Discount)
1 Person	\$32,750	\$54,550
2 People	\$37,400	\$62,350
3 People	\$42,100	\$70,150
4 People	\$46,750	\$77,950

2025 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)

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:

- 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.

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 Income Earners		For Applications choosing OPTION 1 (Currently Receiving SFHSA Benefits)		
List Household Members With an Income, 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
Jane Doe	\$3,500	Jane Doe	10/3/1982	6789
John Doe	\$0	John Doe	4/16/2013	7391

Section B: Income Verification (Required)

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.

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 Income Earners	
List Household Members With an Income, Including Yourself	Annual Income from All Sources
Jane Doe	\$3,500
John Doe	\$0

Section B: Income Verification (Required)

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:

- 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

* Please note that income documents must clearly show the household member(s) name(s).

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 Income Earners		Required ONLY for Applicants Using OPTION 3 (Not Submitting Federal Tax Return)
List Household Members With an Income, Including Yourself	Annual Income from All Sources	List Income Documentation Submitted
Jane Doe	\$3,500	1) 2 consecutive paystubs 2) W-2 forms
John Doe	\$0	N/A

How would you primarily describe yourself? (select one)

- | | |
|---|--|
| <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 (choose one)

- | | |
|------------------------------------|-------------------------------------|
| <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 | |

How did you hear about our program? (select all that apply) with the following options:

- | | |
|---|---|
| <input type="checkbox"/> Advertising in newspapers or radio | <input type="checkbox"/> Other Press or Media |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Word Of Mouth |
| <input type="checkbox"/> Materials sent with my bill | <input type="checkbox"/> Google |
| <input type="checkbox"/> Community Based Organization or Non-profit | <input type="checkbox"/> Email |
| <input type="checkbox"/> SFPUC Website | <input type="checkbox"/> Other |

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 C: 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. **If approved, customers will receive discounts beginning the first full bill cycle after their application is approved. Please allow 3 – 4 weeks to process your application. If your application for the Customer Assistance Program (CAP) is denied, you must wait three (3) months from the date of the denial before submitting a new application.**

Customer Signature

Check if guardian or power of attorney

Date

To avoid delays or additional denials, please ensure that your application is submitted with complete and accurate income documentation for all household members. Applications submitted without the required documentation may be denied.

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

For questions please contact us at: CAP@swater.org