Floodwater Grant

Financial Assistance Eligibility Form

San Francisco Water Power Sewer
Services of the San Francisco Public Utilities Commission

Complete this Financial Assistance Eligibility Form and submit with your application package if you are a property owner experiencing financial hardship or small business/nonprofit and have no more than 50 full-time employees.

Applicant Details

Name:

Business/organization name:

Email: Phone:

☐ I am applying as the property owner of an owner-occupied residential property experiencing financial hardship.

☐ I am applying as nonprofit or small business, with no more than 50 full-time employees. Please attach the following to your form:

☐ Copy of your business license ☐ Most current roster of employees

Required Documentation

For owner-occupied residential property owners, to be approved for this program, the City must be able to determine your receipt of public benefits.

Option 1: Applicants may provide SFPUC with the option to look up their limited income eligibility with the Human Services Agency (HSA) and give permission to HAS to share the applicant's income information.

☐ I give permission to HSA and SFPUC Customer Assistance Program to share limited income information with the Floodwater Grant Program team. My information shall be shared only as needed to determine whether I qualify for SFPUC's Floodwater Grant Financial Assistance. 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 HSA.

Date of Birth: Last four digits of Social Security Number:

Option 2: Applicants may provide proof of their hardship through their own supporting documentation.

Check one or all of the program(s) from which you currently receive public benefits. Attach to this form supporting documentation to prove that you currently receive public benefits from each program selected below.

☐ Supplemental Security Income (SSI) and State Supplementary Payment (SSP)
☐ CA Work Opportunity and Responsibility to Kids Act (CalWORKs) or a federal Tribal Temporary Assistance for Needy Families (Tribal TANF) Grant Program
☐ Supplemental Nutritional Assistance Program(SNAP)/Cal Fresh (formerly known as Food Stamps) or the California Food Assistance Program (CFAP)
☐ County Adult Assistance Programs (CAAP)
☐ Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants (CAPI)
☐ In-Home Supportive Services (IHSS)
☐ SFPUC Customer Assistance Program bill reduction

Applicant Signature

I declare under penalty of perjury that the foregoing is true and correct.

Applicant Signature: Date: