CALAVERAS COUNTY WATER DISTRICT

120 Toma Court • San Andreas, CA 95249 • Main line (209) 754-3543

Application for CCWD Water & Wastewater Customer Assistance Program

Customer information *(please print clearly)* **Application type**: ☐ New ☐ Renewal

Name on account: _____ Account Number: ____-____-____

Service address: _____

Mailing address: _____

Phone number: _____ Email address: _____

Requested by: ☐ Owner ☐ Tenant Income proof provided:

Credit requested: ☐ $20 Water ☐ $30 Wastewater PG&E Statement ☐ HRC Verification ☐

Declaration signature

- I agree to notify CCWD if I no longer qualify to receive assistance through the PG&E CARE Program or no longer meet CAP income requirements. Should I fail to do so, I understand that I may be back-billed for the credits I received and will be ineligible to reapply for the program.
- I agree to keep my contact information up to date and in good standing.
- I understand that should I fail to keep my account in good standing, I will be removed from the program and will be ineligible to reapply for 12 months.
- I understand that I must reapply for the program every year between April 1 and May 31, regardless of when my first application was submitted.
- I understand that the program can be suspended or modified at any time, and I have no entitlement to receive assistance.
- I certify, under penalty of perjury, that the information included in and with this application is true and correct.

Signature of applicant: _____ Date: _____

Please submit this application in person to the Calaveras County Water District at 120 Toma Court, San Andreas, CA 95249 or email it to customerservice@ccwd.org

For Internal Use Only

Date received: _____ Time received: _____

☐ Approved ☐ Denied ☐ Placed on waitlist for ☐ W ☐ WW ☐ $20 Water ☐ $30 Wastewater

Denial reason: _____

Processed by: _____ Date processed: _____