

## Emergency Customer Assistance for COVID-19 Application

The Emergency Customer Assistance Program for COVID-19 Relief provides utility bill discounts for customers who have lost income due to COVID-19 or the shelter-in-place order. Qualified customers can receive 15% savings per water bill, 35% savings per wastewater bill, and 30% savings per Hetch Hetchy power bill. This is a temporary program, retroactively effective March 4, 2020 through September 4, 2020, or for a six-month period.

### To qualify for this program, you must:

- Be a residential customer seeking a discount for your primary residence, with an SFPUC account serving only your dwelling unit under your own name.
- Have experienced a loss of income related to COVID-19 or the shelter-in-place order, and be experiencing financial hardship and difficulty paying your water, power and sewer bills.
  - o Income loss may be caused by layoffs, reduced hours, or inability to work due to legal restrictions or illness.
  - o Income includes wages, salary, tips, and income from self-employment.
- Have a pre-COVID-19 maximum gross household income before taxes and deductions of:

Household Size	Annual Household Income	Monthly Household Income
1 Person	\$179,300	\$14,942
2 Person	\$205,000	\$17,083
3 Person	\$230,600	\$19,217
4 Person	\$256,200	\$21,350
For Each Additional Person, Add	\$20,500	\$1,708

### Please fill out the fields below to apply.

\* = Required

*Type of Account: <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Hetch Hetchy Power	
*Account Holder's Name:	*SFPUC Account Number:
*Service Address:	
Email: <i>(Please provide email, if available, for faster communication about whether you are approved for the program)</i>	*Phone Number:
*How has your household income been impacted by COVID-19 or the shelter-in-place order? (select all that apply)	
<input type="checkbox"/> Layoff or job loss	<input type="checkbox"/> Reduced hours or furlough
<input type="checkbox"/> Business closure or inability to work due to shelter-in-place restrictions	<input type="checkbox"/> Inability to work due to own or family members' illness or suspected illness
*Previous monthly household income: <i>(Please list your previous gross income before taxes and deductions, before the impact of COVID-19 and the shelter-in-place order. Include all wages, salary, tips, and income from self-employment for all members of your household)</i>	*Current monthly household income: <i>(Please list your current gross income before taxes and deductions, showing the impact of COVID-19 and the shelter-in-place order. Include all wages, salary, tips, and income from self-employment for all members of your household)</i>
*Number of residents in my household (including yourself):	
Is there additional information you would like to provide? If so, please use the space below.	

**By signing my name here, I declare under penalty of perjury that:**

- I am the utility customer whose name appears in this application or I am authorized under the laws of this State to sign legally binding documents on behalf of this utility customer.
- My household has experienced income loss related to COVID-19 or the shelter-in-place order, and I am experiencing financial hardship and difficulty paying my water/sewer bills and/or power bills. This income loss was caused by layoffs, reduced hours, or inability to work due to legal restrictions or illness.
- All the information I have provided in this application is true and correct to the best of my knowledge.
- I understand that this is a temporary program related to the COVID-19 emergency and that it may be suspended or terminated at any time.
- I understand that I may be asked to provide documentation of income loss and financial hardship upon request, and that if I am found to have provided false information, I will be required to pay back any discounts received.
- I agree to notify the SFPUC immediately if I am no longer experiencing financial hardship so that I will be removed from the program, ensuring resources are available to those who need them most.

**\*Signature:**

**Mail completed application to:**

San Francisco Water, Power and Sewer  
Customer Services

Attn: CAP COVID19 Program

525 Golden Gate Avenue, 2nd Floor, San Francisco, CA 94102