

## Customer Assistance Program Application for Hetch Hetchy Power

The Customer Assistance Program (CAP) provides utility bill discounts for eligible customers. Qualified customers can receive 30% savings off their Hetch Hetchy Power bill! Our application is quick and easy.

Applications will be processed as they are received. Once you've applied, you'll receive an email or letter confirming that we've received your application and notifying you of your application status. Please allow up to 2-3 weeks after submittal for your application to be processed. Starting April 1, 2022, eligible customers will receive discounts beginning on the first full billing cycle after their application is approved.

Your privacy is important to us. The SFPUC will keep your information confidential and use it only to determine eligibility for the program.

**To apply, please fill out the fields below.**

For assistance please contact: 415-551-4720.

### Eligibility Requirements:

1. You have only one Hetch Hetchy Power service account with the SFPUC.
2. Your Hetch Hetchy Power 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. Your total combined household gross income does not exceed the CAP Income Guidelines below.

Household Size	Annual Household Income	Monthly Household Income
1 Person	\$27,180	\$2,265
2 Person	\$36,620	\$3,052
3 Person	\$46,060	\$3,838
4 Person	\$55,500	\$4,625
For Each Additional Person, Add	\$9,440	\$786

\* = Required

<p><b>* SFPUC Hetch Hetchy Power Account Number</b> (10 digit number) <i>Exactly as shown on your latest bill. If your account number is incorrect, your application cannot be processed. If you do not have an account number or cannot find it, please reach out to Customer Services at 415-551-4720 (Monday - Friday, 8am - 5pm except holidays).</i></p>		<p><b>*Customer Name</b> <i>Exactly as shown on your latest bill</i></p>											
<p><b>*Service Address</b> (might be different from your mailing address) <i>Exactly as shown on your latest bill</i></p>		<p><b>*City</b> <i>Exactly as shown on your latest bill</i></p>	<p><b>*Zip Code</b> <i>Exactly as shown on your latest bill</i></p>										
<p><b>Email Address</b> (e.g., xxxxx@gmail.com) <i>Please provide your email for faster communication about whether you are approved for the program.</i></p>		<p><b>*Phone Number</b> [e.g., (999) 999-9999]</p>											
<p><b>*Current ANNUAL household income</b> (number only, without commas) <i>Please list your household's *current* gross annual income before taxes and deductions. Include all wages, salary, tips, and income from self-employment for all members of your household. A household includes people who live together in the same dwelling (roommates are included in your household's annual income).</i></p>		<p><b>*Number of residents in your household</b> (including yourself) <i>A household includes people who live together in the same dwelling (roommates are included in your household).</i></p>											
<p><b>How did you hear about our program?</b> (select all that apply)</p> <table border="0"> <tr> <td><input type="checkbox"/> Advertising in newspapers or radio</td> <td><input type="checkbox"/> Other Press or Media</td> </tr> <tr> <td><input type="checkbox"/> Social Media</td> <td><input type="checkbox"/> Word of mouth</td> </tr> <tr> <td><input type="checkbox"/> Materials sent with my bill</td> <td><input type="checkbox"/> Google</td> </tr> <tr> <td><input type="checkbox"/> Community Based Organization or Non-profit</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> SFPUC Website</td> <td></td> </tr> </table>				<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"/> Other	<input type="checkbox"/> SFPUC Website	
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**How would you primarily describe yourself?** (select all that apply)

- |   |  |
|---|--|
| <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 Language**

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

**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.*

**\*By selecting "I agree to the Terms and Conditions" and submitting this form I attest that the information provided is accurate.**

Enrollment in this program is subject to review by SFPUC, and all enrollees may be required to submit documentation to confirm eligibility at the discretion of SFPUC. Accounts which fail to provide proof of eligibility when requested, or whose documentation shows ineligibility upon review, will be removed from the program and may be responsible for repaying all discounts received while enrolled.

**By selecting "I agree to the Terms and Conditions", you attest that the data provided here is accurate.**

- I agree to the Terms and Conditions

**\*Signature:**

**Mail completed application to:**

San Francisco Water, Power and Sewer  
Customer Services  
Attn: SFPUC Power CAP Program  
525 Golden Gate Avenue, 3rd Floor, San Francisco, CA 94102