

Great Oaks Water Company

Application for Customer Assistance Program (CAP)

Applicants may apply or renew by scanning and emailing a completed Application to
customerservice@greatoakswater.com

CUSTOMER INFORMATION (Please print clearly)

Customer Name: <input style="width: 90%;" type="text"/> Telephone No: <input style="width: 90%;" type="text"/>	Great Oaks Water Account Number <input style="width: 90%;" type="text"/>
Service Address Information Address <input style="width: 90%;" type="text"/> City, St Zip <input style="width: 90%;" type="text"/>	House Hold Information Number of Adults <input style="width: 90%;" type="text"/> Children Under 18 + <input style="width: 90%;" type="text"/> Total Number of People <input style="width: 90%;" type="text"/> <hr style="border-top: 1px dashed red;"/> Total Annual Income <input style="width: 90%;" type="text"/>
Mail Address Address <input style="width: 90%;" type="text"/> City, St Zip <input style="width: 90%;" type="text"/>	

PUBLIC ASSISTANCE PROGRAM ELIGIBILITY

CHECK all programs in which Customer named above is a participant

<input type="checkbox"/> PG&E CARE PROGRAM	<input type="checkbox"/> Women, Infants and Children (WIC)	<input type="checkbox"/> National School Lunch Program (NCLP)
<input type="checkbox"/> Medicaid/Medi-Cal (age 65 and over)	<input type="checkbox"/> Healthy Families A&B	<input type="checkbox"/> Bureau of Indian Affairs General Assistance
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> CalWORKs (TANF) or Tribal TANF	<input type="checkbox"/> Head Start Income Eligible (Tribal Only)
<input type="checkbox"/> CalFresh/SNAP (Food Stamps)	<input type="checkbox"/> Medicaid/Medi-Cal (under age 65)	
<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)		

HOUSEHOLD INCOME ELIGIBILITY

CHECK all sources of household income. You may be enrolled in CAP program depending upon your household income and size

<input type="checkbox"/> Pensions	<input type="checkbox"/> Rental or Royalty Income
<input type="checkbox"/> Social Security	<input type="checkbox"/> Unemployment Benefits
<input type="checkbox"/> SSP or SSDI	<input type="checkbox"/> Insurance or Legal Settlements
<input type="checkbox"/> Scholarships, Grants or other aid for living exp.	<input type="checkbox"/> Spousal/Child Support
<input type="checkbox"/> Disability or Workers Comp. Payments	<input type="checkbox"/> Cash or Other Income
<input type="checkbox"/> Interest/Dividends from: Savings, Stocks, Bonds, or Ret. Acct	<input type="checkbox"/> Wages and/or Profits from Self-Employment

DECLARATION (Please read and sign)

I state that the information I have provided in this Application is true and correct. I agree to provide proof of income if requested. I agree to inform Great Oaks Water Company (Great Oaks) if I no longer qualify to receive the CAP discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Great Oaks can share my information with other utilities or their agents to enroll me in their assistance programs.

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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Customer Signature

Date

YOU MUST COMPLETE THIS APPLICATION EVERY 12 MONTHS TO BE ELIGIBLE FOR CAP DISCOUNTS

If legal guardian or signing under current power of attorney, please provide written proof of authority.

Office Use Only	
<input type="checkbox"/> Renew	
<input type="checkbox"/> Not Renewed	
<input type="checkbox"/> Closed Account	
Close Date	<input style="width: 80%;" type="text"/>