

Great Oaks Water Company

Application for Low Income Customer Assistance Program (LICAP)

CUSTOMER INFORMATION (Please print clearly)

Customer Name:

Telephone No:

Great Oaks Water Account Number

Service Address Information

Address

City, St Zip

House Hold Information

Number of Adults

Children Under 18 +

Total Number of People

Total Annual Income

Mail Address

Address

City, St Zip

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"/> Wome, 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 Affaris General Assistance
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> CalWORKs (TANF)	<input type="checkbox"/> Head Start Income Elgible (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 inrolled in LICAP 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 form 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 LICAP 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.

Customer Signature

Date

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

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

Office Use Only

Renew

Not Renewed

Closed Account

Close Date