



Mail completed application to: California Water Service, Attn: Customer Service Department, 1720 North First Street, San Jose, CA 95112.

1 APPLICANT INFORMATION: (please type or print)

Name on Utility Bill \_\_\_\_\_

Name of Facility \_\_\_\_\_ (if different than on bill)

Service Address \_\_\_\_\_ City \_\_\_\_\_ CA ZIP Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ CA ZIP Code \_\_\_\_\_ (if different)

Facility Contact \_\_\_\_\_ (who to contact if utility needs more information)

E-mail Address \_\_\_\_\_ (optional)

Daytime Phone [grid] Fax [grid]

2 FACILITY INFORMATION:

Please use a separate application for each TYPE of facility

- EMPLOYEE HOUSING (privately owned), as defined in Section 17008 of the Health and Safety Code, that is licensed and inspected in state and/or local agencies pursuant to part 1 of Division 13.
HOUSING FOR AGRICULTURAL EMPLOYEES (non-migrant and operated by non-profit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has received exemptions from local property taxes pursuant to Subdivision (g) of the Revenue and Taxation Code.

3 RECERTIFICATION: (please type or print)

If recertifying the facility's eligibility for continued CAP discounts, please provide an explanation of how last year's discount savings was used by your organization to benefit your clients:

This year's discount will be used for:

4 DECLARATION: (please read carefully and sign below)

- Organization is a California Water Service company of record
100% of all residents of the facility and/or households meet CAP income guidelines
Documentation is available to substantiate the above

By signing below, I certify under penalty of perjury that the information on this declaration is truthful and correct. Although this declaration is valid for one year, I will notify Cal Water of any changes that may affect eligibility for CAP. Cal Water reserves the right to request verification of records demonstrating eligibility at any time and may rebill the organization at the applicable rate if appropriate. I understand that the facility name and address may be shared with other energy utilities, if applicable. I understand that Cal Water may share my information with other utilities to enroll me in their assistance programs.

Authorized Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Representative's Name \_\_\_\_\_ Date \_\_\_\_\_ (please type or print)

Please complete this application by providing individual account information on the reverse side of this page.

Cal Water Account Number:

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Service Address \_\_\_\_\_ City \_\_\_\_\_ CA ZIP Code \_\_\_\_\_

Please check:

Type of metering  Individually metered  Master metered

Total number of residents (excluding on-site manager) \_\_\_\_\_

Cal Water Account Number:

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Service Address \_\_\_\_\_ City \_\_\_\_\_ CA ZIP Code \_\_\_\_\_

Please check:

Type of metering  Individually metered  Master metered

Total number of residents (excluding on-site manager) \_\_\_\_\_

Cal Water Account Number:

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Service Address \_\_\_\_\_ City \_\_\_\_\_ CA ZIP Code \_\_\_\_\_

Please check:

Type of metering  Individually metered  Master metered

Total number of residents (excluding on-site manager) \_\_\_\_\_

Cal Water Account Number:

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Service Address \_\_\_\_\_ City \_\_\_\_\_ CA ZIP Code \_\_\_\_\_

Please check:

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Total number of residents (excluding on-site manager) \_\_\_\_\_

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Service Address \_\_\_\_\_ City \_\_\_\_\_ CA ZIP Code \_\_\_\_\_

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