

# Heceta Water People's Utility District

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## Customer Assistance Program (CAP) APPLICATION

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Household Size: \_\_\_\_\_

### All applicants must provide written proof of eligibility for participation in the State of Oregon Low Income Energy Assistance Program.

#### Applicant Disclaimer:

By signing this form, I hereby authorize Heceta Water PUD or its agent access to any records in order to verify information given above. I also consent to any legally authorized investigation for confirmation of that information.

If I receive assistance to which I am not entitled as a result of withholding information or knowingly giving fraudulent information, I must repay that assistance and may be found guilty of fraud. I understand that no person may be denied assistance on the basis of race, color, sex, age, handicap, religion, national origin, or political belief.

The information on this application is submitted to the District in confidence. The district will not disclose this information nor will it disclose your participation in the CAP program. The District makes this promise because disclosure of CAP program participants would discourage citizens from taking advantage of this program and cause harm to the public interest.

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_

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FOR OFFICE USE ONLY:

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Written verification of eligibility for LIEAP is attached to application

Current Base Rate: \_\_\_\_\_ Board Approved Discount Base Rate: \_\_\_\_\_

CAP Application Expiration Date: \_\_\_\_\_

\_\_\_\_\_ The above named applicant **has met** the eligibility requirements of the Heceta Water PUD Customer Assistance Program and is authorized to receive assistance in the amount above.

\_\_\_\_\_ The above named applicant **has not met** the eligibility requirements of the Heceta Water PUD Customer Assistance Program and is therefore ineligible to receive assistance.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
General Manager