

Heceta Water People's Utility District

87845 HWY 101
Florence OR 97439
541.997.2446

www.hwpud.com • customer-service@hwpud.com

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: _____

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