



SPRINGFIELD WATER AND SEWER COMMISSION

Customer Assistance Program Application

The Customer Assistance Program (CAP) is intended to support low-income, single-family homeowners with water and/or sewer accounts with the Commission. Eligible and approved customers can receive a one-time annual account credit up to \$250. All customers are required to re-apply annually.

Please review all eligibility and application information before submitting your application.

The following initial information will be identified for eligibility:

- Property address and Commission account number
- Account holder (must be the same as applicant)
- Property type (must be an assessed single-family, owner-occupied)
- Water/Sewer account status:
 - Account must be active
 - Customers are still eligible if account is in arrears or on a payment plan
 - Account must have minimum annual charges of at least \$250
 - Customers averaging less than \$250 in annual charges are eligible to apply for a reduced credit
- Current fiscal year Low Income Heating Home Energy Assistance Program (LIHEAP) approval letter as proof of income eligibility

If the application meets the Commission's initial eligibility criteria, Commission personnel will confirm the applicant's income eligibility by reviewing the LIHEAP approval letter. **Please note that an application will be considered incomplete if it does not include supporting documentation (a LIHEAP approval letter) at the time of submittal.**

REQUIRED APPLICANT INFORMATION

Name

Account number

Address

Phone number

Email

INCOME ELEGIBILITY

Do you have a LIHEAP certification letter? Yes No

To complete your application, please send both your application and LIHEAP approval letter via email or mail.

Email: cap@waterandsewer.org

Mail: Customer Assistance Program, Springfield Water and Sewer Commission, 250 M Street Ext, Agawam, MA 01001

The application will be considered incomplete if it does not include supporting documentation (a LIHEAP approval letter) at the time of submittal.

Certification and Signature

- I certify that the information on this application, including attached income eligibility documentation, is truthful and correct.
- I have read and understand the requirements of the Customer Assistance Program and agree to provide proof of income in order to participate.
- I agree to notify the Springfield Water and Sewer Commission of any changes to my household or income that may affect my eligibility for assistance.
- I authorize the Springfield Water and Sewer Commission to verify information provided on this application through third party sources.
- I understand that fraudulent applications or unauthorized use of service will result in removal from the program and additional consequences (which may include back charges).
- I understand that CAP credits are available on a first come, first served basis, and completion of this form does not guarantee I will receive a Customer Assistance Program credit.
- I understand that I am required to pay my water and sewer bill regardless of whether or not I am approved for the Customer Assistance Program.

Signature:

Date: