



Help on Tap – Customer Assistance Program

Application for Residential Single-Family Customers



START HERE: Please read this document carefully.

Thank you for your interest in the **Help on Tap (HOT)** customer assistance program. Upon approval of your application, qualifying single-family residential accounts are eligible to receive a \$35.00 credit on the bi-monthly water service charge.

Program Rules

- The water bill must be in your name.
- You must be a full-time resident at the address where the credit will be applied.
- You must only have one water service account with ACWD.
- You may not be claimed as a dependent on another person's tax return.
- You must pay your bills by the due date.
- Your total combined household gross income must not exceed the ACWD income guidelines.
- You agree that if a water leak occurs at your residence, you will repair the leak promptly.
- You must notify ACWD immediately if your household no longer satisfies the ACWD income guidelines.
- You must renew your complete eligibility application every two years.

ACWD Income Guidelines	
Household income must not exceed income guidelines to qualify	
Number of persons in household	Total combined gross annual income
1 or 2	\$52,200 or less
3	\$58,750 or less
4	\$65,500 or less
5	\$76,700 or less
Each additional person, add	\$11,200

*Income guidelines are based on the greater of 50% of Area Median Income or 250% of the Federal Poverty Level. Income before taxes based on all current income sources. Total household income must not exceed the income guidelines outlined above to qualify. Income guidelines subject to change annually.

Eligibility Guidelines

ACWD requires verification of household income and occupants. Household income is defined as the combined gross income of ALL persons who live in the household, whether taxable or non-taxable. Gross income includes, but is not limited to the total income from: wages, salaries, pensions, unemployment benefits, disability payments, workers compensation, gross income from self-employment (IRS Form 1040 Schedule C), child or spousal support, proceeds-sales price (IRS Form 1040 Schedule D), interest or dividends from savings accounts, stocks, bonds, retirement accounts, rent or royalty income, cash income or gifts, scholarships, grants, or other aid used for living expenses, insurance or legal settlements, Social Security, SSI, SSP, food stamps, or TANF (AFDC).

Anyone receiving the HOT discount and found to be in violation of program rules will be removed from the program and may be liable for repayment of the credit from the time that the credit was applied.

To Apply

Step 1	<p>Submit an application along with your most recent, signed copy of your Federal Tax Return. Please submit the Schedule 1040 page of your tax return and redact any visible Social Security Numbers.</p> <p>If your Federal Tax Return is not available, include the following applicable documents with your application: Social Security Benefit Statement; OR two (2) consecutive copies of Social Security Checks OR SSI Checks; OR W-2 forms; OR Award Letter for CALWORKS, CAPI, General Relief, or Food Stamps; OR two (2) consecutive paycheck stubs; OR Unemployment Benefits statement; OR similar documents. Bank statements will not be accepted as proof of income. Proof of enrollment by the applicant in Medi-Cal, CalFresh, CalWORKS, or SSI/SSP will be considered as qualifying for the Help on Tap Program.</p> <p>Each household member must submit their own income documentation. All household members without income should be listed as dependents on the Federal Tax Return of another household member.</p> <p>If submitting documentation other than a Federal Tax Return, you must submit proof of occupancy for every household member listed in the application. Proof of occupancy includes but is not limited to recurring bills, bank statements, or other types of correspondence that include the name of the household member and the service address of the water bill.</p> <p><u>Send copies of the requested documentation, as your documents will not be returned.</u></p> <p>Please allow 2-3 weeks to process your application. Incomplete applications will not be processed. Please ensure that all fields on the form are filled out and all documentation is attached to expedite the approval process.</p>
Step 2	<p>Once ACWD has reviewed your application and determined the household's eligibility to participate in the HOT program, a letter of confirmation will be sent to the applicant.</p> <p>It may take up to a full 60-day billing cycle to start receiving the credit.</p>



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Please complete ALL information on this application. Your application will not be approved if you do not attach income verification as described in Step 1.

ACWD Customer Account Number _____ Your Name (As shown on your water bill) _____

Your Home Address _____

() _____ () _____
 Home Telephone Other Telephone

Email _____

Total Number of Persons Living in My Household: _____

List Household Member Name (include self)	Relationship to Applicant	List Total Income (Both taxable and non-taxable) from All Sources for each Household Member
Total Money Received Annually by My Household Is (Zero Not Accepted):		\$

NOTE: If you need additional lines, please attach a separate sheet. For any dependents or other individuals in your household without income (i.e., children, elderly, non-working), please write the full name for each person on the attached worksheet and indicate no income and provide proof of occupancy.

If you did not submit a copy of your most recent Federal Tax Return, state the reason:

Declaration: By signing below, I certify that I meet all criteria listed under the Program Rules and that the information I have provided in this application is true and correct. I agree to notify the ACWD immediately of any change in my household that affects eligibility for the credit. I also agree to provide proof of income for everyone living in the household and proof of occupancy for all household residents. If I fail to provide the information requested, or received the credit when my household was not eligible, I may be required to repay the credit received. I understand that following enrollment, my account may be selected for random review and agree to provide any information requested.

X _____ / / _____
Customer Signature check if guardian or power of attorney **Date**

Mail completed application to: **Alameda County Water District**
Customer Services, Attention: HOT Program
43885 S. Grimmer Blvd., Fremont, CA 94538

The ACWD will respond to applicants with a letter indicating application status. For more information, call (510) 668-4200.