



# You may be Eligible for a Credit on your Water Bill of up to \$150



The Drought Water Assistance Program assists drought impacted, low-income households with a one-time credit on current, past due, or disconnected water accounts to prevent disruption in vital water services and to promote water conservation. Applicants that demonstrate an extreme hardship may be considered for additional assistance.

To apply applicants must meet the following monthly gross income guidelines:

<u>1 person</u>	<u>2 persons</u>	<u>3 persons</u>	<u>4 persons</u>	<u>5 persons</u>	<u>6 persons</u>	<u>7 persons</u>
\$980	\$1,327	\$1,674	\$2,020	\$2,367	\$2,714	\$3,060

**You may also be eligible for a credit on your PG&E bill of up to \$271!**

Please complete the attached application and send in copies of the following:

- ✓ **INCOME:** CURRENT copies of your monthly gross income documents for the LAST 30 DAYS for all adults in the household.
- ✓ **WATER BILL:** copy of your most RECENT water bill. The bill must have the billing name, service address (no PO Boxes), and account number visible.
- ✓ **ENERGY BILL:** copy of your most recent energy bill for the LAST 30 DAYS. The bill must have billing name, service address (no PO Boxes), account number and must show at least 22 days of service.

**Funds are LIMITED!**

# 1-888-728-3637

Mail application to: PO BOX 2707 • Watsonville, CA 95077

Central Coast Energy Services is a not-for-profit organization which promotes energy conservation through home improvement, weatherization services, utility payment assistance, consumer education and advocacy and job training to people in need.

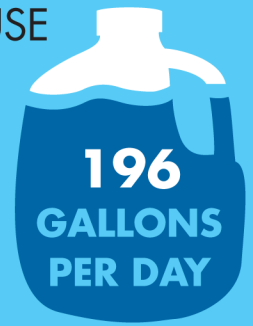
For more information visit: [www.EnergyServices.org](http://www.EnergyServices.org)

# WHAT DOES A 20% REDUCTION in water use look like?



## AVERAGE DAILY USE

The average Californian uses 196 gallons of water per day. Here are some easy ways to reduce water use. Find the right combination for you to reduce by 20% or 38 gallons a day.



INSTALL AERATORS ON BATHROOM FAUCETS

*saves*

**1.2 GALLONS**  
per person/day



WASH ONLY FULL LOADS OF CLOTHES

*saves*

**15-45 GALLONS**  
per load



TURN OFF WATER WHEN BRUSHING TEETH OR SHAVING

*saves*

**10 GALLONS**  
per person/day



TAKE FIVE MINUTE SHOWERS INSTEAD OF 10 MINUTE SHOWERS

*saves*

**12.5 GALLONS**  
with a water efficient showerhead



FILL THE BATHTUB HALFWAY OR LESS

*saves*

**12 GALLONS**  
per person



INSTALL A WATER-EFFICIENT SHOWER HEAD

*saves*

**1.2 GALLONS**  
per minute



FIX LEAKY TOILETS

*saves*

**30-50 GALLONS**  
per day/toilet



**10 GALLONS**  
per average 10-minute shower



INSTALL A HIGH-EFFICIENCY TOILET (1.28 GALLON/FLUSH)

*saves*

**19 GALLONS**  
per person/day



RUN DISHWASHER WHEN FULL INSTEAD OF HALF FULL

*saves*

**5-15 GALLONS**  
per load

For more tips on reducing water use, visit [saveourH2O.org](http://saveourH2O.org)!

Contact your water company for more ways to conserve water!

FOLLOW US





# Drought Water Assistance Program

1-888-728-3637

# 2015

Mail to: PO BOX 2707 • Watsonville, CA 95077

<b>Department of Community Services and Development</b>	Agency: Central Coast Energy Services	Intake Initials:	Intake Date:	Eligibility Cert Date:
Drought Water Assistance Program Pilot Intake Form - CSD 818 (04/2015)				

<b>First Name:</b>	<b>Middle Initial:</b>	<b>Last Name:</b>
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<b>Mailing Address:</b>	<b>Unit Number:</b>
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<b>Mailing City:</b>	<b>Mailing County:</b>	<b>Mailing State:</b>	<b>Mailing ZIP Code:</b>
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<b>Service Address if different from above:</b> <input type="checkbox"/> Same as above (Do not use P.O. Box)	<b>Unit Number:</b>
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<b>Service City:</b>	<b>Service County:</b>	<b>Service State:</b> CA	<b>Service ZIP Code:</b>
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<b>Phone Numbers:</b> Home # (    ) Mobile/Other # (    )	<b>When is the best time to reach you?</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Message Only	<b>Water Bill Information</b> Name of Water Utility Company: _____ Name of Customer on Water Bill: _____ Account #: _____ Current Total Due: \$ _____ <input type="checkbox"/> Check here if you do not want to be considered for energy assistance
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<b>Social Security Number:</b> [    ]	<b>Applicant's Date of Birth:</b> Month/Day/Year [    ][    ]/[    ][    ]/[    ][    ]
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<b>Income</b> Enter total <b>GROSS monthly</b> income for all persons living in the household. <u>You must send copies of all income records for all adult household members.</u> How many adults in the household receive income: [    ] Employment    \$ _____ Cal Works    \$ _____ SSI/SSP    \$ _____ Social Security    \$ _____ Pension    \$ _____ Gen. Assistance    \$ _____ Unemployment    \$ _____ Other    \$ _____ <b>TOTAL</b> \$ _____	<b>Household Information</b> Total number of persons living in the household including applicant: [    ] Enter the number of people who are: Ages 0-5    _____    Ages 6-11    _____ Ages 12-17    _____    Ages 18-23    _____ Ages 24-44    _____    Ages 45-54    _____ Ages 55-69    _____    Ages 70+    _____ Disabled    _____ Farmer    _____ Seasonal Farmworker    _____ Migrant Farmworker    _____	<b>Demographic Information</b> Enter the <b>total number</b> of people in the household who are: <b>Gender:</b> Male: [    ]    Female: [    ] <b>Ethnicity:</b> Hispanic, Latino or Spanish Origin    [    ] Not Hispanic, Latino or Spanish Origin    [    ] <b>Race:</b> White    [    ]    Asian    [    ] Black or African American    [    ] American Indian and Alaskan Native    [    ] Native Hawaiian and Other Pacific Islander    [    ] Other: _____ Multi-Race (any 2 or more of the above)    [    ] <b>Education Level of ADULTS:</b> [    ] 0 - 8    [    ] 9-12: NON-GRADUATE [    ] High School Graduate/GED    [    ] 12+ Some Post-Secondary [    ] 2 or 4 Year College Graduate
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<b>Benefit For Agency Use Only</b> Amount: \$ _____	
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<b>MANDATORY FIELDS - PLEASE ANSWER ALL OF THE FOLLOWING:</b> How were you directly impacted by the Drought? <input type="checkbox"/> Job Loss <input type="checkbox"/> Job Loss: Agriculture <input type="checkbox"/> Water Rate Increase <input type="checkbox"/> Other: _____ Current Housing Status: <input type="checkbox"/> Rent <input type="checkbox"/> Own Is your current bill past due? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Shut-off	<b>Family Type:</b> <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Two Adults – No Children <input type="checkbox"/> Single Parent-Female <input type="checkbox"/> Single Parent-Male <input type="checkbox"/> Single Person <input type="checkbox"/> Other: _____ Number of persons with Health Insurance: [    ]
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The information on this application will be used to determine and verify my eligibility for assistance. My signature gives consent for this information to be shared with other offices of the state and federal governments, their designated subcontractors, my utility company(ies), and for my utility company(ies) to share my account information with the Department of Community Services and Development (CSD), its designated subcontractors, and other offices of the state and federal governments for the purpose of providing services to me and to coordinate, improve and reduce the costs of services under these programs.

<b>Applicant's Signature</b>	<b>Date</b>	<b>Witness' Signature (If signed with X)</b>
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PURPOSE: The information you provide will be used to decide if you are eligible for a CSD's Drought Water Assistance Program. GIVING INFORMATION: This program is voluntary. If you choose to apply for assistance, you must give all required information. OTHER INFORMATION: CSD uses statistical definitions from the annual update of the Department of Health and Human Services' State Median Income, Federal Income Poverty Guidelines, to determine program eligibility. ACCESS: CSD's designated subcontractor will keep your completed application and other information, if used, to determine your eligibility. You have the right to access all records holding information about you. CSD does not discriminate in the provision of services on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.