

WATER ASSISTANCE PROGRAM

(530) 661-5830 Fax (530) 661-5848

Please complete the form and attach proof of your enrollment in PG&E's CARE or FERA Programs. You must submit both the application and proof of enrollment to be eligible for the City's Water Assistance Program. Your household's gross income must not exceed the PG&E CARE and FERA Program Guidelines. Please refer to www.pge.com.

Submit completed application to: City of Woodland, Attn: CDBG 300 First Street, Woodland, Ca 95695

CITY OF WOODLAND UTILITY CUSTOMER INFORMATION

Name:	Account Number:
As it appears on your City of Woodland Utility Bill	
Service Address:	
Mailing Address:	
If different from service address	
Daytime Phone Number: _ () -	(Please include area code)
Number of People Living in Residence: Adults	+ Children = TOTAL:
Do you live at the address listed above? YES	NO
Do you rent at the address listed above? YES	NO
If yes, please provide a copy of the rental agree	ment or lease with your application.
DECLARATION (Please Read Carefully and Sign Below) By signing below, I certify under penalty of perjury that the i correct. Although this declaration is valid for one (1) year, I my household that may affect my eligibility for the Utility Ast the right to request verification of economic need at any tim appropriate. I understand that this information may be share	will notify the City of Woodland of any changes to sistance Program. The City of Woodland reserves e and may re-bill me at the applicable rate if
	Date:

The City of Woodland does not discriminate in employment or provision of services on the basis of race, national origin, religion, marital status, gender, sexual orientation or any other basis prohibited by state and federal law.

CITY OF WOODLAND CUSTOMER SIGNATURE (Check if guardian or power of attorney)