

Date: _____

Customer Assistance Program

Complete this form for every recipient requesting assistance from the CAP Program.

I. Individual Information

Name: _____ SS#: _____
Last First MI (Last five digits)

Address: _____
Street

City County Zip Code

Area Median Income at Entry: _____

DOB: _____ Age: _____ Female Male Transgender

Race: Asian/Pacific Islander Black/African-American Native American White/Caucasian Other

Ethnicity: Hispanic/Latino(a) Non-Hispanic/Latino(a)

II. Income Information:

1. Individual Monthly Gross Income at entry: \$ _____
2. Total Household Gross Income at entry (including client): _____
3. Total number in household: _____ (If more than one recipient lives in household, complete "Household Members at Entry" [below]).

III. Financial Information

Income Source (Recipient)	Amount (per month)
Employment wages	\$ _____
Retirement	\$ _____
SSI/SSDI	\$ _____
Unemployment comp.	\$ _____
Food stamps	\$ _____
Other/Misc.	\$ _____
Total Income	\$ _____

IV. Assistance Requested

Type	Amount of Bill	Payments by Client/other	Amount Requested
Water/Sewer (May include other monthly fees)	\$ _____	\$ _____	\$ _____

Total amount requested \$ _____

Water/Sewer Account # _____

IV. Consent and Certification

By my signature below, I certify that the income verification herein provided is correct. I understand that information provided by me, including income and the landlord statement, may be verified by the City of Columbia. I understand that I am not eligible to receive this service again for a minimum of 12 months.

_____ I have not received Operation Round Up financial assistance in the last 12 months before this request.

_____ Other agencies who have provided financial assistance in the last 12 months _____ (agency).

Recipient signature

Date

Household Members

Contact First Name: _____ Last Name: _____

Relationship to recipient: ___Attorney ___Aunt ___Brother ___Cousin ___Daughter ___Friend ___Grandparent ___Husband
___Father ___Mother ___Nephew ___Niece ___Partner ___Sister ___Roommate ___Wife
___Step-father ___Step-mother ___Son ___Uncle ___Other Relative ___Other

OK to contact: ___Yes ___No

Race: _____

Telephone #: _____

Ethnicity: ___Hispanic ___Non-Hispanic

() Landline or () Cellular Phone (check one)

Dependent: ___Yes ___No

Date of Birth: _____

Household Member: ___Yes ___No

Monthly Income: _____

Disabled: ___Yes ___No

Veteran: ___Yes ___No

Contact First Name: _____ Last Name: _____

Relationship to recipient: ___Attorney ___Aunt ___Brother ___Cousin ___Daughter ___Friend ___Grandparent ___Husband
___Father ___Mother ___Nephew ___Niece ___Partner ___Sister ___Roommate ___Wife
___Step-father ___Step-mother ___Son ___Uncle ___Other Relative ___Other

OK to contact: ___Yes ___No

Race: _____

Telephone #: _____

Ethnicity: ___Hispanic ___Non-Hispanic

() Landline or () Cellular Phone (check one)

Dependent: ___Yes ___No

Date of Birth: _____

Household Member: ___Yes ___No

Monthly Income: _____

Disabled: ___Yes ___No

Veteran: ___Yes ___No

Contact First Name: _____ Last Name: _____

Relationship to recipient: Attorney Aunt Brother Cousin Daughter Friend Grandparent Husband
 Father Mother Nephew Niece Partner Sister Roommate Wife
 Step-father Step-mother Son Uncle Other Relative Other

OK to contact: Yes No

Telephone #: _____

Race: _____

Ethnicity: Hispanic Non-Hispanic

() Landline or () Cellular Phone (check one)

Dependent: Yes No

Date of Birth: _____

Household Member: Yes No

Monthly Income: _____

Disabled: Yes No

Veteran: Yes No

Contact First Name: _____ Last Name: _____

Relationship to recipient: Attorney Aunt Brother Cousin Daughter Friend Grandparent Husband
 Father Mother Nephew Niece Partner Sister Roommate Wife
 Step-father Step-mother Son Uncle Other Relative Other

OK to contact: Yes No

Telephone #: _____

Race: _____

Ethnicity: Hispanic Non-Hispanic

() Landline or () Cellular Phone (check one)

Dependent: Yes No

Date of Birth: _____

Household Member: Yes No

Monthly Income: _____

Disabled: Yes No

Veteran: Yes No

Contact First Name: _____ Last Name: _____

Relationship to recipient: Attorney Aunt Brother Cousin Daughter Friend Grandparent Husband
 Father Mother Nephew Niece Partner Sister Roommate Wife
 Step-father Step-mother Son Uncle Other Relative Other

OK to contact: Yes No

Telephone #: _____

Race: _____

Ethnicity: Hispanic Non-Hispanic

() Landline or () Cellular Phone (check one)

Dependent: Yes No

Date of Birth: _____

Household Member: Yes No

Monthly Income: _____

Disabled: Yes No

Veteran: Yes No

I. Agency Information

Documentation of crisis/emergency situation: _____

Referrals Made: _____

Will recipient's expenses exceed income following this request? _____

Documentation:

Completed & Signed Application _____

Recipient income verification _____

Household income verification _____

Disconnect notice _____

Recipient's name on lease or mortgage _____

Recipient's name on utility bill _____

Completed landlord form _____

Budget _____

SHS Representative Signature

Date

Authorizing Signature

Date

II. Agency Response

Approved

Reason for denial: _____

_____ \$ _____

Total: \$ _____

Application Completed By (SHS Staff)

Date

Supervisor Signature

Date

Additional Comments:

CAP Program Supporting Documents Checklist



Attention Applicant: All Columbia water and sewer customers seeking financial assistance through the CAP Program must present the following documents:

1. Last three pay stubs for each current job
2. If applicable, Government Benefits Letter (i.e., Social Security/SSI, Retirement)
3. Proof of any other household income (i.e., Child Support court order document, second job, alimony, etc.)
4. Notice from Water Customer Service/Water Bill
(**Note:** This information is required from EACH adult who lives in the household)
5. Two copies of proof of residency (i.e., Driver's License, Cable, Electric Bill, etc.)