

Date: \_\_\_\_\_

# City of Columbia 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:

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

## III. Financial Information

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

## IV. Assistance Requested

<i>Type</i>	<i>Amount of Bill</i>	<i>Payments by Client/other</i>	<i>Amount Requested</i>
<i>Water/Sewer</i> (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

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Telephone #: \_\_\_\_\_

Race: \_\_\_\_\_  
Ethnicity:  Hispanic  Non-Hispanic

Landline or  Cellular Phone (check one)

Dependent:  Yes  No

Date of Birth: \_\_\_\_\_

Household Member:  Yes  No

Monthly Income: \_\_\_\_\_  
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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

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**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.)