City of South San Francisco Low-Income Sewer Service Rebate Program Application

The City of South San Francisco (City) is pleased to offer the Low-Income Sewer Service Rebate Program to residents who are eligible to participate in Cal Water's Customer Assistance Program (CAP) Program. The City Council has approved the rebate program for current Cal Water CAP eligible residential customers throughout South San Francisco. Qualifying applicants will receive **$76 per address for this fiscal year.**

If you qualify for this rebate, please complete and submit the rebate request application and follow instructions below.

Application Requirements: Please provide along with a completed and signed application, copies of the following:

- Valid California Driver's License or Identification Card
- Proof of enrollment in the Cal Water CAP program
- Recent copy of Cal Water CAP bill in the same name as on this application
- You must live at the address where the rebate will be received
- You must submit your Property Tax bill for sewer fee payment confirmation

How to Apply:
Please complete this form and return to the Public Works Corporation Yard or send application to:

**Low-Income Sewer Service Rebate Program
Public Works Corporation Yard
550 North Canal Street
South San Francisco, CA 94080**

For questions, please e-mail web-pw@ssf.net or call (650) 877-8550.

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1 City of South San Francisco Resident Information (please type or print)

Name _____
As it appears on your water bill

E-mail _____

Service Address _____
Do NOT use a P.O. Box

City _____   CA Zip Code _____

Mailing Address _____
If different from the address above

City _____   CA Zip Code _____

Daytime Telephone Number
Please include area code

Home ☐   Cell ☐

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2 Declaration

I state that the information I have provided in this application is true and correct. I agree to provide additional documents to show proof of eligibility, if asked. I further understand that if I receive the rebate without qualifying for it, I may be required to pay back the rebate received.

X _____
Applicant Signature

Date _____

PW Staff Use Only

Reviewed By: _____

☐ Proof of Address
☐ Driver's License/ID
☐ Property Tax Bill
☐ Cal Water CAP Bill

City Issued Check Information

Check Issue Date: _____

Check Number: _____