



Long Beach Community Action Partnership CERRA Water Assistance Application



APPLICATION GENERAL INFORMATION

Applicant Name _____
Services Address _____
City, State, Zip _____
Primary Phone _____

LONG BEACH WATER DEPARTMENT CUSTOMER INFORMATION

Name on Account
(as appears on bill) _____

Account Number _____

UTILITY BILL ACCOUNT ACTIVITY

Current Water Service Charge: _____ Total Current Charges: _____
Balance Forward: _____ Total Amount Due: _____

This water bill assistance payment of \$200 will be applied to Service Period _____

_____ By initialing, I understand the credit will cover water charges only; any gas, sewer, or refuse charges are my responsibility

COVID-19 IMPACT SUMMARY – check all that apply:

- Partial or full reduction in work hours including self-employment
- Layoff or termination of employment
- Temporary business shut down, including self-employment
- Unable to work due to school closures or lack of childcare
- Quarantined due to exposure to COVID-19 for myself or a family member
- Increased expenses or medical or food
- Homebound or Self-quarantined Senior

APPLICANT CERTIFICATION: By signing below, I certify that the information provided on the Long Beach Community Action Partnership intake paperwork on household composition, household income, and COVID-19 Financial Impact is accurate and complete to the best of my knowledge. I understand that false statements or information are grounds for disallowing assistance.

Signature: _____ Date: _____

For LBCAP use only:	
Submitted to LBWD on: _____	Batch Number: _____