



# 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: _____