

Customer Care Program Application



11201 Harrel Street
Jurupa Valley, CA 91752
Phone: (951) 685-7434
Email: info@jcsd.us

COMMUNITY SERVICES DISTRICT
Serving Jurupa Valley and Eastvale

About the Customer Care Program

The Customer Care Program assists eligible low-income households with their water utility costs. Enrollment is open on a continuous basis until funding is exhausted. Program enrollment results in fixed savings of \$10 each month for a period of twelve months and will appear on the customer's next water bill following the application approval date. Annual re-application is required.

Applicant Information

Account Number: _____ Phone Number: _____
 Name: _____
 Service Address: _____
 Email: _____
 Signature: _____
 Date: _____ By signing above, I certify that I meet program income guidelines as shown below.

For Office Use Only

Date Received: _____ Received By: _____
 Approved: _____ Date: _____ Denied: _____ Date: _____
 Date LIRA Credit Entered: _____
 Date Denial Letter Sent: _____
 Re-application Deadline: _____ Available documents reviewed.

Program Income Limits

Number In Household	Maximum Annual Income	Maximum Monthly Income
1	\$30,120	\$2,510
2	\$40,880	\$3,407
3	\$51,640	\$4,303
4	\$62,400	\$5,200
5	\$73,160	\$6,097
6	\$83,920	\$6,993
7	\$94,680	\$7,890
8	\$105,440	\$8,787
Per Additional Person	\$5,380	\$448.33



Solicitud del Programa

11201 Harrel Street
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Teléfono: (951) 685-7434

Correo Electrónico: info@jcsd.us

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Sobre el Programa de Asistencia

El Programa de Asistencia al Cliente ayuda a los hogares elegibles de bajos ingresos con sus costos de servicios de agua.

La inscripción está abierta de forma continua hasta que se agoten los fondos.

La inscripción en el programa genera ahorros fijos de \$ 10 por mes durante un período de doce meses. El ahorro aparecerá en la próxima factura de agua después de la fecha de aprobación de la solicitud.

Se requiere una nueva aplicación para el programa anualmente.

Información del Cliente

Número de Cuenta: _____ Número de teléfono: _____

Nombre: _____

Dirección de Servicio: _____

Correo electrónico: _____

Firma: _____

Al firmar arriba, certifico que cumpla con los límites de ingresos del programa como se muestra abajo.

Sólo Para Uso de Oficina

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Date LIRA Credit Entered: _____

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Re-Application Deadline: _____ Available documents reviewed.

Límites de Ingresos

Número en el Hogar	Máximo Ingresos Anual	Máximo Ingreso Mensual
1	\$30,120	\$2,510
2	\$40,880	\$3,407
3	\$51,640	\$4,303
4	\$62,400	\$5,200
5	\$73,160	\$6,097
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