

City of Palo Alto Utilities - Residential Customers Only

Application for ProjectPLEDGE's one-time bill payment assistance

ProjectPLEDGE offers a one-time financial hardship credit of up to \$750 applied to the outstanding balance of the Applicant's City of Palo Alto Utilities (CPAU) account. To apply you must be the CPAU customer-of-record unless that customer is deceased. The financial hardship credit received shall not exceed the outstanding balance of the Utilities account at the time of application.

For information on ProjectPLEDGE's one-time bill payment assistance, call Customer Service at **(650) 329-2161**

Hours: 8am to 5:30pm Monday through Thursday and 8am to 4:30 pm on Friday

How You Can Apply

Online:	E-mail:	Mail:
Apply online for faster enrollment at CityofPaloAlto.org/ProjectPLEDGE	Take a picture or scan completed application and email to UtilitiesCustomerService@cityofpaloalto.org	Send completed application to: Utilities Credit and Collections 250 Hamilton Ave, Ground Floor Palo Alto, CA 94301
	Fax: Send completed application and documentation to (650) 326-4941	

Receipt of this application will be acknowledged within five business days but does not guarantee acceptance by CPAU.

Account Holder (must be customer-of-record to apply. If not, please call Customer Service number above.)

Name of Account Holder (as it appears on CPAU Bill*)		CPAU Account Number (8-digit number starting with 30)			
		3	0		
Service Address			Phone Number		
			()
				-	
City	State	Zip Code	Email Address		
Palo Alto	CA				

Section 1 Requires Immediate and Heavy Financial Need Please provide documentation of proof of hardship.

Please indicate the applicable circumstance(s) requiring need for one-time utilities bill payment assistance:	Appropriate documentation of financial hardship would be the following:
<input type="checkbox"/> Option 1 - Applicant is unemployed If unemployed, how long: _____ Are you collecting unemployment benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Letter/Letter from employer showing reduced hours
<input type="checkbox"/> Option 2 - Unexpected acute medical condition or unexpected unreimbursed medical expenses for either the customer or live-in a dependent (If choosing this option, complete Section 2 and 3)	Doctor/hospital invoice showing patient's payment responsibility and a certification signed by a registered Health Professional that the services are medically necessary
<input type="checkbox"/> Option 3 - Recent death of either the customer or live-in a dependent (If choosing this option, complete Section 2)	Death certificate

Section 2 Relationship to Account Holder Appropriate documentation of relationship to account holder would be the following

<input type="checkbox"/> Yourself	Government issued photo ID (such as driver's licenses, identity cards and passports)
<input type="checkbox"/> Live-in a Dependent	Certificate of registered domestic partnership, or marriage, or your sibling's or child's birth certificate, or most recent year's tax return (only 1 st page needed of Form 1040)

Terms and Conditions

By signing and submitting this application, the Applicant acknowledges and understands that receipt of payments from the CPAU ProjectPLEDGE program could potentially impact the level of income required to be declared by the Applicant for purposes of calculating other benefits the Applicant may qualify for from Federal, State or County agencies. The City of Palo Alto, through its ProjectPLEDGE program or otherwise is not responsible for the impact that its ProjectPLEDGE program payments may have on the benefits received by the Applicant from Federal, State or County agencies.

Grant may be considered taxable income. Please consult with your tax accountant to determine what impact this may have on your tax situation.

I understand that financial hardship credit may only be made if permitted under CPAU ProjectPLEDGE program guidelines within this application and if I have an "immediate and heavy" financial need. I certify that the financial hardship stated in Section 1 is a result of an "immediate and heavy" financial need. Proper documentation to substantiate my immediate and heavy financial need has been provided to CPAU. City of Palo Alto, its affiliates and their directors, officers, employees, agents and representatives do not determine my eligibility for a hardship; and did not provide specific tax advice and it is my responsibility to seek such tax advice from a qualified tax advisor. I further understand that one-time bill payment assistance for a justified financial hardship grant shall not exceed Seven Hundred Fifty Dollars (\$750) and are limited to the outstanding balance of my CPAU account provided above.

Funding is on a first come, first served basis, or until funds are depleted. Participation is limited to one grant per CPAU customer. Failure to provide appropriate documentation will result in credit/grant ineligibility. CPAU reserves the right to validate all information, including documentation of proof of hardship. CPAU is not responsible for claims regarding credit/grant amounts, program dates or guidelines made by contractors, or other third parties. Final determination of program eligibility will be governed by the Terms and Conditions. CPAU is not responsible for items lost or delayed in the mail, nor any remittance delayed due to incorrect applications. Incomplete applications cannot be processed and will be returned. CPAU reserves the right to change, modify or reduce credit/grant amount, as well as add or drop specific eligible circumstance(s) at any time without prior notice.

I state, under penalty of perjury, that the information I have provided in this application is true and correct. I agree to provide documentation for determination of eligibility for the ProjectPLEDGE. I agree to inform the CPAU if I no longer qualify to receive the one-time bill payment assistance under current ProjectPLEDGE guidelines. I understand that credit obtained using erroneous customer-supplied information will require repayment of up to \$750. By affixing my signature below, I consent to the CPAU using the information I have supplied to determine my eligibility for the ProjectPLEDGE's one-time bill payment assistance.

Applicant's Signature	Date
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Section 3**Certification of a Health Professional Regarding Treatment of an Illness or Disability**

To be completed by Health Professional. Applicant cannot complete Section 3

If you are a Health Professional: In order for this application to be considered by CPAU you must complete the Section 3 application below. If you wish to complete Section 3, please check only one of the boxes below and fill in the other information needed. Read the completed application and if you are satisfied that this correctly describes the situation of the person identified in this application, please sign, date and fill in the information at the bottom of Section 3. If completed, this Section 3 qualifies as a certification that certain services are medically necessary when signed by a Health Professional regarding the medical or dental goods or services purchased to treat a person's illness or disability.

I am a: physician licensed to practice medicine dentist licensed to practice dentistry other (please describe) _____

I certify that the above applicant for this ProjectPLEDGE program with the City of Palo Alto Utilities (CPAU) is currently my patient, resides at the service address indicated above and the services are medically necessary regarding the medical or dental goods or services purchased to treat my patient's illness or disability.

Health Professional Name			Provider's License Number	
Office/Provider/Facility Name			Phone	
Address			Email	
City	State	Zip Code	Signature	Date Signed

The Health Professional Certification will not be valid for the purposes of this Application if the Certification is dated more than 3 months before the date CPAU receives it.