



Scotts Valley Water District

2 Civic Center Drive Scotts Valley, CA 95066
(831) 438-2363

Rate Assistance Program Application

Please complete and return this application by email to contact@svwd.org or return to our office address above.

Acct Holder's Name: _____ Service Address: _____

Email: _____ Cell Phone: _____ Landline: _____

SVWD Acct #: _____ Number in Household: _____

Requirements for Approval As an applicant, I agree to each of the following statements:

- My Scotts Valley Water District (SVWD) account number provides service to a single-family home, where I am a full time resident.
- The name on my water bill matches the name on my current PG&E bill.
- I am currently enrolled in the PG&E CARE Program, and I am attaching a copy of my most recent PG&E bill verifying my CARE Program enrollment.
- I will schedule a SVWD water efficiency home visit and will satisfactorily repair any leaks or necessary retrofits, to be verified by SVWD staff.
- I agree to use water efficiently and abide by the District's Water Waste Policy.
- I understand that I must re-apply if I move to a new service address within the District.
- I understand that I must renew my enrollment annually, providing proof of continued eligibility and efficient use of water. This includes using the District's WaterSmart software as available.
- I agree to inform SVWD within 30 days if I am no longer eligible to participate in the program.
- I declare that the information I have provided on this application is true and correct.

Account Holder or Authorized Legal Representative

Date

Print First and Last Name of Signer

Signer's Relationship to Account Holder

If submitting by email, I am electronically signing my application by checking this box.

District Use Only: Acct#: _____ SO#: _____ Care Program Date: _____

WUE Scheduled: _____ WUE Completed: _____ WUE Verified: _____

Annual Verification Dates: Received/Approved

1 _____ 3 _____ 5 _____ 7 _____ 9 _____

2 _____ 4 _____ 6 _____ 8 _____ 10 _____