



Camas Assistance Program (CAP)

The Camas Assistance Program provides financial support for eligible customers that are delinquent on a City of Camas utility bill. Qualifying households may receive two credits per twelve months towards a delinquent utility balance, up to a maximum of \$125 per credit. Senior citizens may qualify and receive utility assistance four times in twelve months.

Please read the eligibility guidelines below to ensure that you qualify for the program and have all the necessary documentation for submitting an application.

PROGRAM ELIGIBILITY

- ☐ The service address where assistance is being requested receives a City of Camas utility bill for water, sewer, and/or trash.
- ☐ The household needs assistance to pay their Camas utility bill and is not seeking third-party assistance to pay the balance.
- ☐ The service address where assistance is being requested is the primary residence of the applicant.
- ☐ The service address is a residence of one family (single dwelling unit only).
- ☐ The household has not received prior City assistance twice in the last 12 months (senior citizens may apply four times)
- ☐ The household is not receiving subsidized housing assistance.
- ☐ The household has combined annual income that does not exceed 185% of the federal poverty rate*.

*Households exceeding 125% of the poverty rate will be assisted at a reduced rate by a sliding scale, pending availability of additional funds

APPLICATION REQUIREMENTS

- ☐ Completed application listing all household residents and their ages.
- ☐ Government-issued identification for the primary applicant (*if available*)
 - Accepted forms of identification
 - State driver's license or identification card
 - Military identification card
 - United States Passport
 - Permanent Resident Card
- ☐ Income verification for all household residents who are (1) age 18 or older, or (2) who contribute to household expenses.
 - Accepted forms of income verification (provide all that apply)
 - Federal income tax return(s) for the most recent tax year
 - Pay, disability, or unemployment check stubs
 - Low income or public assistance acceptance letters (TANF, food stamps, VA, etc.)
 - Social Security, retirement, or pension statements

RESOURCES

Federal Poverty Guidelines: aspe.hhs.gov/poverty-guidelines

Camas Assistance Program (CAP): www.cityofcamas.us/CAP

APPLICANT INFORMATION

PRIMARY APPLICANT		ACCOUNT NUMBER	
PROPERTY ADDRESS		CUSTOMER NUMBER	
EMAIL ADDRESS		CONTACT PHONE	

HOUSEHOLD RESIDENTS¹ (ATTACH ADDITIONAL PAGES, IF NEEDED)

First Name	Last Name	Age	Annual Income ²
Self – Primary Applicant	Self – Primary Applicant		

¹ Application **must** include all persons residing at the property where utility service is provided.

² Income documentation must be attached for anyone residing in the household who is (1) age 18 or older, or (2) contributing to household expenses.

- ☐ My household is not eligible under the program requirements but is applying due to extenuating circumstances. I have attached additional pages explaining the circumstances and the need for assistance.
- ☐ My household has no income or is unable to provide documentation of income. I have attached a *Sworn Statement for Verification of Household Income*³.

³ Affidavit form is available by calling 360-834-2462 or emailing finace@cityofcamas.us

Please mail or drop off the completed application to:

City of Camas
Customer Assistance Program (CAP)
616 NE 4th Avenue
Camas, WA 98607

I certify under penalty of perjury under the laws of the State of Washington that the information provided in this application is true to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information that results in assistance for which I am not eligible. I understand that any misstatement or omission of material fact in this application may cause me to forfeit my ability now, and in the future, to apply for utility assistance from the Camas Assistance Program. I understand that submitting this application does not guarantee eligibility or assistance, and I am still responsible for any balance owed on the utility account.

Primary Applicant Signature: _____

Date: _____

The City is committed to equity and will not discriminate against anyone seeking assistance who meets the eligibility requirements set forth in this application. The City will keep confidential all information provided by applicants where release is not mandated by Public Records Act (PRA) or Revised Code of Washington (RCW).

City of Camas – Customer Assistance Program Application