



2-11/UWMC Cal Am Application Form

Contact Information			
First Name			
Last Name			
Email Address			
Phone			
Best time to call	🗅 Anytime	Morning	Evening

Account Information	
Are you a Cal Am Water customer?	🗆 Yes 🗖 No
Cal Am Account Number	
Name on Account	
Receive 3 day notice of water shut-off?	🛛 Yes 🗳 No
Amount in arrears	\$

Service Address	
Street	
City	
State & Zip	
Number of people living at this address	□1 □2 □3 □4 □5 □6 □7 □8 □ More than 8
Gross monthly household income	\$
What is the source of your income?	Wages/Earned income
•	SSI/SSP/SSA
	Pension, Annuity, Interest/dividend
	General assistance, Cal Work, TANF
	Workers Comp, Disability, Unemployment
	Child/Spouse/Individual support
	Veterans' benefits
	Self-employment
	Other document with a dollar amount

Thank you for answering my questions. In order to process your request, you will need to provide the following documentation: proof of income, and your current Cal Am statement and/or 3 day water shut-off notice.

within the next 48 hours?	Email: <u>waterhelp@unitedwaymcca.org</u>	
	G FAX: 831.372.4945	
	Take photo and email to waterhelp@unitedwaymcca.org	