

## capitalregionwater.com 888-510-0606

## **Credit Assistance Program Request**

Requester Name:		Account Number:	
Requester Address:			
Mailing Address: (If Different from Requester A			
Residential Property Type (Select One):			
Property Owner Name:			
<b>Contact Person</b> (If Different from Requester No	ame):		
Phone Number:	Email Address:		
How did you learn about the Program?		on 🛘 CRW Customer Servi	
Capital Region Water will accept ONLY the			
and attach the relevant information*:			
☐ Low-Income Home Energy Assistance Pro	•	etter	
<ul><li>□ Low-Income Household Water Assistance</li><li>□ Supplemental Nutrition Assistance Program</li></ul>	_	•	
☐ Pennsylvania Rent Rebate Program Awar			
☐ UGI Assistance Program Confirmation	a Letter		
☐ PPL Electric Assistance Program Confirma	ation		
If you are income-eligible, but do not have a review other forms of acceptable document	n award letter or progra	ım confirmation, please conta	ct Capital Region Water to
*Note: Any and all of the above items must	be current and submit	ted annually.	
Capital Region Water is pleased to provide esaving tools. Please indicate your interest in		door water conservation kit fo	eaturing a range of water-
By signing this Request, the Requester give eligibility and agrees to abide by the Rules and and conditions of the Customer Assistance F	nd Regulations of Capita	=	
Signature of Req	uester		 Date
Please complete and return. Electronic s copies to: Capital Region Water, Custome	ubmissions are prefe		
After your Request is reviewed, written notice. Please allow 30 days for a response.	ce will be provided expla	aining your eligibility and the a	assistance you will receive.
	Capital Region Wat	er Use Only	
Proof of Eligibility: ☐ Yes ☐ No			
Assistance Approved: ☐ Yes ☐ No	Amoun	t/Term:	
CRW Approval:			
Signature		Title	Date
2022-02-00 Credit Assistance Program Request			SS/FIN: NK/WS