



EWEB Customer Care Application for Senior & Disabled Applicants

This Application is ONLY available to households that receive **Supplemental Security Income benefits (SSI)**. The applicant must provide proof of Supplemental Security Income benefits in order for EWEB to process this application. You can download or print an SSI verification letter at SSA.gov/mySSA. You may also contact the local Social Security office for other options. If this application is received without proof of benefits, your request for Customer Care bill assistance will be rejected.

**Indicates a required field*

Please select one of the following applicant types*:

- Over the age of 65 and Limited Income
- Disabled (EWEB Account Holder or Spouse)
- Disabled (Child of EWEB Account Holder)

Account Holder Information

First Name * _____ Last Name * _____

Primary Phone # * _____ Email _____@_____

EWEB Account Number * _____ - _____
(This can be found on your EWEB bill in the top left corner)

EWEB Service Address * _____ Apt / Unit _____

City _____ State OR Zip Code _____

Household Information

Gross Monthly Income * _____ Number in Household * _____
(before taxes & deductions) (adults & minors)

*I agree to EWEB's Terms and Conditions

I have read and understand the details of the terms and conditions on this form. I give EWEB and its representatives express consent to contact me by using the phone number(s) and email information I have provided on this application (see reverse side for Terms and Conditions).

Applicant Signature* _____ Date _____



EWEB Customer Care Application

Terms and Conditions

The information I voluntarily provide to complete this application is true and correct. This application will be used to determine my eligibility for EWEB's income-based programs, as well as for evaluation and analysis.

EWEB has my permission to share information as needed with partnering agencies or contractors. These partners may need to consult with me for additional information in order to fully process my application. I agree to hold harmless and release such organizations from and against any claims, losses, demands, damages, or liability of any kind caused by or allegedly caused by such disclosure.

Términos y Condiciones

La información que proporcioné voluntariamente para completar esta solicitud es verdadera y correcta. Esta solicitud se utilizará para determinar mi elegibilidad para los programas basados en ingresos EWEB, así como para la evaluación y análisis.

EWEB tiene mi permiso para compartir información según sea necesario con agencias asociadas o contratistas. Estos socios pueden necesitar consultar conmigo para obtener información adicional con el fin de procesar completamente mi aplicación. Acepto eximir de responsabilidad y liberar a dichas organizaciones de y contra cualquier reclamo, pérdidas, demandas, daños o responsabilidad de cualquier tipo causada por o supuestamente causada por dicha divulgación.