



**CARESHARE PLEDGE APPLICATION FORM**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Number: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Number in Household: \_\_\_\_\_

Reason for Requesting Assistance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In 2010, the District created a way to implement a benevolence program to help people who uniquely qualify for billing assistance. The program was designed to assist eligible customers with difficulty paying their water utility bills due to unforeseen financial hardship. An application from the customer in-need is necessary for consideration and assessment of a pledge. The JCSUD customer service manager and JCSUD Deputy General Manager representative will collaborate in the evaluation process.

**FOR OFFICE USE ONLY:**

Parcel No: \_\_\_\_\_

Amount of Bill: \$ \_\_\_\_\_

Pledge Amount: \$ \_\_\_\_\_

Approved by: \_\_\_\_\_

Date approved: \_\_\_\_\_

Date posted to account: \_\_\_\_\_