

Program rules

On April 11, 2023 the San Francisco Public Utilities Commission adopted resolution no. 23-0074 to establish rules to temporarily exempt customers with extenuating circumstances from collection activities which includes shut-off of water service and assessing a lien on the property. This program is available to single-family residential customers that are going through extenuating circumstances which impact their ability to pay their water and wastewater bill. Customer's household income should fall between 51% and 80% of Area Median Income. Once approved, the customer will be exempt from shut-off of water services or lien assessment on their property for six months.

Please allow 3-4 weeks to process your application. Incomplete applications will not be processed. The SFPUC will notify applicants with a letter indicating application status. For more information, call (415) 551-4760.

Applicant information

Customer Name (as shown on your water bill): _____

SFPUC Water Account Number: _____

Service Address: _____

Number of occupants: _____

Cellular phone number: _____

Alternate phone number: _____

Email address: _____

Extenuating circumstances:

Please select the extenuating circumstances that apply to the customer of record or household members and provide supporting documentation. Extenuating circumstances must have occurred within one year of the application date.

Extenuating circumstance	Required documentation
<input type="checkbox"/> Death of spouse, partner, or a family member	A copy of the death certificate
<input type="checkbox"/> Divorce	A copy of divorce certificate.
<input type="checkbox"/> Loss of income or unemployment	A copy of employment separation or copies of W2/1040 tax return/pay stubs
<input type="checkbox"/> Disability or injury	A copy of disability benefits, medical certification
<input type="checkbox"/> Medical treatment expenses	A copy of medical invoice
<input type="checkbox"/> Other	Explain the circumstances that are impacting your ability to pay and provide relevant documentation

Income verification

Customer's household income should fall between 51% and 80% of Area Median Income. Income will be verified using TransUnion. TransUnion uses information from tax forms and credit history to determine income. The verification will not impact your credit score.

If you do not wish to use TransUnion to verify income; proof of occupancy and income are required for all income earners in the household. Proof of income accepted includes: 2 consecutive paycheck stubs, 2 consecutive copies of Social Security checks, 2 consecutive copies of SSI checks, W-2 forms, Social Security Benefit Verification Letter, or an unemployment benefits statement.

Area Median Income Matrix 2024

Income	50% AMI	55% AMI	60% AMI	65% AMI	70% AMI	75% AMI	80% AMI
1 Person	\$52,450	\$57,700	\$62,950	\$68,200	\$73,450	\$78,700	\$83,900
2 Persons	\$59,950	\$65,950	\$71,950	\$77,950	\$83,950	\$89,950	\$95,900
3 Person	\$67,450	\$74,150	\$80,900	\$87,650	\$94,400	\$101,150	\$107,900
4 Person	\$74,450	\$82,400	\$89,900	\$97,400	\$104,900	\$112,400	\$119,500
5 Person	\$80,900	\$89,000	\$97,100	\$105,200	\$113,300	\$121,400	\$129,500

Authorization to verify income through TransUnion: I give permission to SFPUC to verify my income using TransUnion. TransUnion will use income information reported on tax returns as well as credit history to determine total income. The verification will not affect my credit score.

Please list all household income earners (first name, last name, signature and date).

Customer name: _____ Signature: _____ Date: _____

Customer name: _____ Signature: _____ Date: _____

Customer name: _____ Signature: _____ Date: _____

Customer name: _____ Signature: _____ Date: _____

Declaration: By signing below, I certify that I meet all criteria listed under the Exemption Rules and that the information I have provided in this application and supporting documentation is true and correct. I agree to notify the SFPUC immediately of any change in my household that may affect eligibility. If I fail to provide the information requested, I will be removed from the program. I understand that following enrollment, my account may be selected for random review, and I agree to provide any information requested.

Customer of record Signature: _____ Date: _____

Mail completed application and all supporting documentation:
 San Francisco Public Utilities Commission
 Collection & Liens Unit
 Attention: Extenuating Circumstances Shut-off/Lien Prevention Program
 525 Golden Gate Avenue, 2nd Floor
 San Francisco, CA 94102

OR

Email completed application and all supporting documentation:
 cl-unit@sfgwater.org