



Customer Assistance Discount Program Application

City of Austin Utility Account Information

Name of Account Holder: Last, First and Middle Initial

Utility Account Number

Service Address

Mailing Address (if different from above)

Home Phone

Work Phone

E-mail Address

Account Holder's Signature for Authorization

Qualifying Individual Information

Name of Person Eligible for Customer Assistance Program

Date of Birth

Eligible Documentation

You **MUST send a copy of ONE of the following documents:**

- 1) **Supplemental Security Income Award Letter (SSI) from Social Security.**
NOTE: Letter must state the words Supplemental Security Income and have name and monthly amount. We do not accept retirement or disability benefits at this time to qualify.
- 2) **Medicaid Identification Letter from Department of Health & Human Services**
NOTE: Letter must state one of the following types: 3, 12, 13, 14, 18 19, 22, 23, 24 or 51 only.
- 3) **Medical Assistance Program Clinic Card (MAP)**
- 4) **Current Copy of State paid Medicare benefits Part A & B**
NOTE: SLMB-Specified Low Income Medicare Beneficiary letter;
QMB-Qualified Medicare Beneficiary letter;
QI-Qualified Individual letter from Department of Health & Human Services
- 5) **Travis County Energy Assistance Program Award Letter (CEAP or FEMA)**
NOTE: Letter must be dated within the last 12 months to qualify.

Application Submission:

Mail to: Customer Assistance Program
721 Barton Springs Road
Austin, Texas 78704-1167
OR
Fax to: (512) 505-4028

