

EUGENE WATER & ELECTRIC BOARD
 COMMUNITY CARE CRISIS PROGRAM
 SUPPLEMENTAL FORM

Customer's name:	
EWEB Service Address	
Mailing Address if different than service	
EWEB Account number	
Phone Number	E-mail
CUSTOMER	
<p>I hereby attest that I am responsible for payment of the EWEB billing of utility services at the Service Address shown on this application, and that this application for EWEB Community Care Crisis Program is valid and not an attempt to delay or avoid just payment for services provided. I hereby agree to pay all billings promptly and acknowledge that this application, if approved, does not preclude EWEB's right to limit utility services or to pursue legal collection avenues for the recovery of unpaid billings, or to disconnect service under EWEB's Policies and Procedures. I agree to pay EWEB for the cost and expenses of all acts taken for collection of unpaid billings. I hereby attest that the family member impacted by the crisis is a full-time, permanent resident at the EWEB Service Address shown on this application, and that this application for EWEB Community Care Crisis Program is valid.</p>	
Customer's Signature	Date
COMMUNITY CARE CRISIS	
Nature of Crisis:	
Date of Crisis situation:	
Is the person impacted by the crisis the primary household wage earner:	
How has the crisis impacted your income/employment:	
Length of time condition is expected to last:	
If hospital visit, how long were you admitted:	
Other information/ 3rd party certification or documentation:	

FOR EWEB USE ONLY	DATE	NAME
Application Received		
Exemption Approved		