



**WATER AND
POWER**

COVID-19 JOB LOSS BILL CREDIT APPLICATION

BurbankWaterAndPower.com | Customer Service: (818) 238 - 3799 | C19JobLossCredit@burbankca.gov

Step 1: Review Bill Credit Amount and Eligibility Requirements

The bill credit will be applied based on your account status in BWP's billing system.	
Multi-Family Residents	Single-Family Residents
\$200	\$300
\$50 per month for four months.	\$75 per month for four months.

- Applicants must meet the following conditions to qualify for the program:**
- 1** You are the Account holder or the Co-Applicant on the BWP Account.
 - 2** You qualified for Unemployment Insurance beyond November 1, 2020.

Step 2: Complete Application Including Required Documentation

BWP Account Holder or Co-Applicant Name: _____

Service Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Type: Cell Home Other: _____

Email: _____

BWP Account Number: _____

Please attach a copy of the following document with your application:

- Employment Development Department (EDD) Notice of Unemployment Award Letter
(Must match BWP Account Holder or Co-Applicant name)

Step 3: Review and Accept Program Terms and Conditions

Program Applicant must be the Account holder or Co-Applicant on the BWP account. To become a co-applicant on the BWP account, please call BWP Customer Service at (818) 238-3700, Monday - Friday between 7:30 am and 5:00 pm. All participants with past due amounts must agree to make and honor payment arrangements for their BWP account. If your account is not current, BWP will reach out and help you get current with your account. Failure to honor payment arrangement conditions can lead to bill credits being forfeited.

BWP reserves the right remove any bill credits if an applicant is found to have falsified any information provided on this application. Program enrollment is limited to one approved applicant per household. Program is subject to change without notice. Program is available until funds are exhausted or until June 30, 2021, whichever is sooner.

By signing this form you hereby swear and attest that all information contained in this application is true and correct.

Signature: _____ Date: _____

Step 4: Submit Your Application by Mail or Drop Off in Person

Mail:
Burbank Water and Power
P.O. Box 631
Burbank, CA 91503-0631

Deposit in Payment Dropbox:
Burbank Water and Power
164 W. Magnolia
Burbank, CA 91502-1720

FOR BWP USE ONLY
Application Number:



**WATER AND
POWER**

COVID-19 JOB LOSS BILL CREDIT APPLICATION

BurbankWaterAndPower.com | Customer Service: (818) 238 - 3799 | C19JobLossCredit@burbankca.gov

Please provide any additional information relevant to your application: