

## LOW INCOME RATE ASSISTANCE PROGRAM APPLICATION

### REQUIREMENTS

#### LOW INCOME RATE ASSISTANCE PROGRAM

The Low Income Rate Assistance Program is intended for eligible low-income households located in the City of San Fernando.

#### WHAT KIND OF DISCOUNT IS AVAILABLE?

The assistance amount will be \$18 total per billing period (\$11 applied to water and \$7 applied to sewer).

#### HOW DO I QUALIFY?

Applicants must have qualified for the California Alternative Rates for Energy (CARE) program through Southern California Edison or Southern California Gas Company. Proof of eligibility must be submitted each year with your Low Income Rate Assistance Program application. The account must be in the same name as the CARE account holder.

#### HOW CAN I APPLY?

Complete the application below and submit a copy of your eligibility with the California Alternative Rates for Energy (CARE) program through Southern California Edison or Southern California Gas Company. You may submit the application and proof of eligibility one of two ways:

- Deliver your application in person to the Finance Counter at City Hall (117 Macneil Street, San Fernando, CA 91340).
- Mail your application to the City of San Fernando, Attention: Low Income Rate Assistance Program, 117 Macneil Street, San Fernando, CA 91340

#### DO I HAVE TO REAPPLY EACH YEAR?

Yes, eligibility must be renewed on an annual basis, from the initial date of application.

#### QUESTIONS?

Persons who have questions or need assistance completing the application may contact the Finance Department at (818) 898-1245 or Finance@sfcity.org.

### APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS		APARTMENT NO.
CITY	STATE & ZIP CODE	
PHONE NO.	EMAIL ADDRESS	
ACCOUNT NO.	SOCIAL SECURITY NO.	

WHAT PROGRAM ASSISTANCE ARE YOU CURRENTLY ELIGIBLE FOR? *Check all that apply*

☐

Southern California Edison

☐

Southern California Gas Company

**DISCLAIMER** I hereby declare that the information I have provided in this application is true and correct. I agree to provide proof of eligibility, if asked, and will need to renew on an annual basis. I agree to inform the City of San Fernando, within 30 days, if I no longer qualify to receive a discount. I understand that if I receive the discount without qualifying for it, I am required to pay back the discount I received.

APPLICANT NAME (PRINT)	SIGNATURE	DATE
------------------------	-----------	------

### OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

PROGRAM VERIFICATION	DATE
START BILLING CYCLE OF DISCOUNT	RENEWAL DATE