



LIFELINE DISCOUNT APPLICATION

320 W. Newmark Ave., Monterey Park, CA 91754

Phone: (626) 307-1338 | Fax: (626) 307-0753 | Email: cashier@montereypark.ca.gov

Office Hours: Monday – Thursday 7:30 A.M. to 6:00 P.M. Friday Closed to the Public.

The City of Monterey Park is pleased to offer the following program to qualified residents who meet the eligibility requirements as identified below:

If your household qualifies for the Lifeline discount, a pre-determined, flat-rate discount will be deducted from the water line item of your bill. **(*The Lifeline Rate will ONLY apply to City of Monterey Park Water Utility customers residing in a single-family dwelling.)**

If approved, the discount will become effective within sixty (60) days after the date of approval. If denied, you will receive a letter from the Finance Department explaining the reason for that disapproval.

READ THE FOLLOWING CAREFULLY!
IN THE EVENT OF AN INCOMPLETE APPLICATION, APPROVAL MAY BE DELAYED OR DENIED.

To apply, please provide the following documents and fill out the application on page 2:

1. **A recent copy of the entire gas, electricity, and telephone bills.** (*discount cannot be granted if the name that appears on each utility bill is not the same as the applicant’s name.*)
2. **A recent copy of the property tax bill, if you are the owner of the service address listed below.**

To apply see the “Income Requirements” chart below for qualification criteria. **Please submit proof of income for applicant and all household members (e.g., a copy of the California Resident Income Tax Return Form 540, Social Security Benefits Statement, award letter of the amount of SSI benefits received, etc. If none are applicable, provide a NOTARIZED LETTER stating income).**

Income* Requirements	
Source: California PUC Alternate Rates for Energy (CARE) Program	
Number of persons living in my home	Maximum total “gross household income” from all sources
1-2	\$39,440
3	\$49,720
4	\$60,000
5	\$70,280
6	\$80,560
For each additional person, add \$10,280	
<i>*Income is defined as all revenues including, but <u>not limited to</u> wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, rental income, and income for self-employment.</i>	

If applying as **participant of California Alternate Rates for Energy (CARE) Program**, please provide a recent utility bill indicating participation in this program.

Completed applications may be mailed/dropped off to our office at 320 W. Newmark Ave., Monterey Park, CA 91754 (Attn: Finance Department) or emailed to cashier@montereypark.ca.gov. If you need help completing the application, or would like more information about the program, please call (626) 307-1338 or (626) 307-1336.

Please PRINT all information legibly.

DATE:	NAME OF APPLICANT: <small>(Full Legal Name)</small>		
SERVICE ADDRESS: <small>(No. & Street Name)</small>		Monterey Park, CA <small>(Zip)</small>	
PHONE NO.: ()		UTILITY ACCOUNT NO.:	
TOTAL NUMBER OF PERSON(S) IN HOUSEHOLD:		TOTAL GROSS ANNUAL INCOME OF ALL PERSON(S) IN HOUSEHOLD:	
I CURRENTLY QUALIFY FOR THE CARE PROGRAM UNDER: <input type="checkbox"/> Southern California Edison <input type="checkbox"/> Southern California Gas Company <input type="checkbox"/> N/A		I AM FILING AS: <small>(Select One)</small> <input type="radio"/> Very-Low Income Family Member <input type="radio"/> CARE Program Participant <input type="radio"/> <input type="radio"/>	
<u>SIGNATURE AND ACKNOWLEDGEMENT</u>			
<p><i>I agree to the terms and conditions as set forth by the City of Monterey Park (City). I understand that I am required to renew my certification annually and notify the City of any change in information to maintain my eligibility. Failure to do so may result in my removal from this program. I agree that by completing this form and submitting it to the City in an electronic format, such as email, it will have the same legal affect as a form submitted by U.S. Mail or in-person. I certify, under penalty of perjury under the laws of the state of California, that the information I have provided in this application is true and correct.</i></p>			
PRINT NAME: _____		SIGNATURE: _____	

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FOR OFFICE USE ONLY

- NEW APPLICATION
 RE-CERTIFICATION
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 LIFELINE APPLICANT

DATE RECEIVED _____ RECEIVED BY _____ AUTHORIZED BY _____