LIFELINE LOW INCOME/UTILITY USER'S TAX EXEMPTION APPLICATION

320 W. Newmark Ave., Monterey Park, CA 91754
Phone: (626) 307-1338 **l Fax:** (626) 307-0753 **l Email:** utilitypayments@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. To apply, please fill out the application and attach the required documentation. If approved, the discount will become effective on the next billing cycle after the date of approval. If denied, you will receive a letter from the Finance Department explaining the reason for the disapproval.

If your household qualifies for the Lifeline discount, a pre-determined, flat-rate discount will be deducted from your utility bill. (***The Lifeline Rate will ONLY apply to City of Monterey Park Utility customers residing in a single-family dwelling. Applicant must reside at the service address***)

Qualified applicants are pre-qualified for the Utility User's Tax Exemption

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

Eligibility Criteria:

A. Very low-income family

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	$42,300
3	$53,300
4	$64,300
5	$75,300
6	$86,300
For each additional person, add $11,000	
Income is defined as all revenues including, but not limited to wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, rental income, and income for self-employment.	

B. Please provide the following documents:

- 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.)*
- Proof of income for applicant and all household family 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).
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Applicants currently enrolled in the California Alternate Rates for Energy (CARE) or the Public Utilities Commission Lifeline program are pre-qualified.

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

Note: **Continuous Lifeline rate status is contingent upon an annual re-application and re-qualification.**

CLEAR FORM

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 utilitypayments@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 (Account Holder):** *(Full Legal Name)*
SERVICE ADDRESS: *(No. & Street Name)*	Monterey Park, CA *(Zip)*
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: ☐ Southern California Edison ☐ Southern California Gas Company ☐ N/A	I AM FILING AS: *(Select One)* ☐ **Very-Low Income Family Member** ☐ **CARE Program Participant**

SIGNATURE AND ACKNOWLEDGEMENT

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.

PRINT NAME:_____ **SIGNATURE:** _____

FOR OFFICE USE ONLY

☐ NEW APPLICATION ☐ RE-CERTIFICATION

DATE RECEIVED_____ RECEIVED BY_____ AUTHORIZED BY _____