

Total Family Income Before Taxes

\$

Is your **Total Gross Annual Household Income**, (income from all sources for all residents in the household), at or below the amounts shown below for your household size? **Please check one:** **Yes** **No**.

If you answered No, you do not qualify for this program.

Number in Household	Gross Annual Income
1-2	\$32,040
3	\$40,320
4	\$48,600
5	\$56,880
6	\$65,160
7	73,460
8	81,780

For each additional person in your household add \$8,320.

Which of the following sources make up your total "Gross Household Income"?:

Wages, salaries, commissions
Self-Employed Income
Child Support
Spousal Support
Worker's Compensation Ins.
Social Security Income
CalWORKS
Other _____

Rental Income
Pension / Retirement Income
Disability Insurance
Unemployment Insurance
School Grants / Loans
Temporary Assistance to Needy Families (TANE)
Supplemental Security Income (SSI)

IMPORTANT: FOR VERIFICATION PURPOSES, PLEASE SUBMIT A COPY OF YOUR MOST RECENT INCOME TAX PAPERS IF FILED. IF NOT, THEN COPIES SHOWING PROOF OF ANNUAL INCOME FROM ABOVE MARKED SOURCES. PLEASE REVIEW APPLICATION TO MAKE SURE IT IS COMPLETE. UPON APPROVAL, YOUR ACCOUNT WILL BE CREDITED WITHIN 30-60 DAYS.

BY SIGNING BELOW, I CERTIFY:

- I have lived at this address at least 6 months.
- I am not claimed on another person's income tax return.
- I understand the Azusa Light & Water Department reserves the right to verify my household income or deny any application if the applicant does not comply with the program qualifications, procedures and specifications.
- Total number of people living at this address, including myself, is: _____.
- My total household income each year is: \$_____.
- That all information provided is correct under penalty of perjury under laws of California.
- If I fail to provide requested income documentation or receive exemptions for which I am not eligible, my account will be re-billed for credits I received.
- This program has a limited budget. Approvals will be made for qualifying applications on a first-come, first-serve basis.
- This program is subject to change or termination without prior notice.

Signature of Head of Household

Date

For ALW Office:

Received by:

Date Approved: