



City of Azusa

Residential Low Income Assistance Program

Electrical Assistance

(Available to AZUSA residents only)

Program Description: The Electric Assistance Program will credit \$80.00 to the electric bill within a 12 month period. This program is available to customers who have resided at the service address for a minimum of 6 months.

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SOCIAL SECURITY NUMBER OF HEAD OF HOUSEHOLD:			
HEAD OF HOUSEHOLD NAME:			
	Last Name	First Name	MI

AZUSA LIGHT & WATER ACCOUNT – CUSTOMER ON RECORD:

Last Name:		First Name:		MI:	
Primary Phone #:		Work /Message Phone #:			

	AZUSA	CA	91702
Service Address:	City:	State:	ZIP:

CUSTOMER ACCOUNT NUMBER (Located at the top of your bill):	
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Members of Household	Social Security Number	Date of Birth	Age	Annual Income Before Taxes	Tax Return Filed Y/N
Head of Household Name:					
1.				\$	
Who is Living with You?:					
2.				\$	
3.				\$	
4.				\$	
5.				\$	
6.				\$	
7.				\$	
Attach a separate sheet if household is larger than seven (7)				\$	

THERE ARE TWO WAYS TO QUALIFY

PUBLIC ASSISTANCE PROGRAMS (ACCOUNT HOLDER receives benefits from any of the following programs)		MAXIMUM HOUSEHOLD INCOME (Effective June 1, 2019 to May 31, 2020)	
		Number of Persons in Household	Total Annual Income
Medi-Cal / Medicaid		1 - 2	\$33,820
Medi-Cal for Families A & B		3	\$42,660
Women, Infants & Children (WIC)		4	\$51,500
CalWORKs (TANF) Includes Welfare-to-Work / Tribal TANF		5	\$60,340
Head Start Income Eligible – TRIBAL ONLY		6	\$69,180
Bureau of Indian Affairs General Assistance		7	\$78,020
CalFresh (Food Stamps)		8	\$86,860
National School Lunch Program (NSLP)		For EACH Additional Household Member, add \$8,840	
Low-Income Home Energy Assistance Program (LIHEAP)			
Supplemental Security Income			

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

Rental Income
Pension / Retirement
Disability Insurance
Unemployment
School Grants / Loans
Other:

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. PLEASE REVIEW APPLICATION TO MAKE SURE IT IS COMPLETE. UPON APPROVAL, YOUR ACCOUNT WILL BE CREDITED THE \$80.00 TOWARD YOUR TOTAL BALANCE.

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: _____
- Total household income this 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 use only:

Received by:	Date Approved:
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