

**AZUSA LIGHT & WATER
UTILITY USER TAX AND ASSESSMENT FEES EXEMPTION / LIFELINE WATER RATE ASSISTANCE**

Please complete and return the following application to Azusa Light & Water, 729 N. Azusa Ave., Azusa CA 91702

- I. A. Individuals**
- Are you 62 years of age or older? Yes No
 - Are you currently receiving Social Security Disability Benefits or are you disabled as defined in the Americans with Disabilities Act (ADA)? (See definition below) Yes No
ADA DEFINITION: A person with a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.
 - 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? Yes No
 - If you answered Yes to question #3, you must submit proof of income and reapply every twelve (12) months.
 - If you answered No to all questions #1-3, you do not qualify for either program. Please do not submit this application form.

THERE ARE TWO WAYS TO QUALIFY

| PUBLIC ASSISTANCE PROGRAMS | | MAXIMUM HOUSEHOLD INCOME (Effective June 1, 2018 to May 31, 2019) | |
|--|-----------|---|---------------------|
| Account holder receives benefits from any of the following programs: | OR | Number of Persons in Household | Total Annual Income |
| Medi-Cal/Medicaid | | 1-2 | \$32,920 |
| Medi-Cal for Families A & B | | 3 | \$41,560 |
| Women, Infants, & Children (WIC) | | 4 | \$50,200 |
| CalWORKs (TANF) Includes Welfare-to-Work / Tribal TANF | | 5 | \$58,840 |
| Head Start Income Eligible – Tribal Only | | 6 | \$67,480 |
| Bureau of Indian Affairs General Assistance | | 7 | \$76,120 |
| CalFresh (Food Stamps) | | 8 | \$84,760 |
| National School Lunch Program (NSLP) | | | |
| Low-Income Home Energy Assistance Program (LIHEAP) | | | |
| Supplemental Security Income | | | |
| | | For each additional household member, add \$8,640 | |
| | | *Includes current household income from all sources before deductions | |

CONDITIONS FOR PARTICIPATION

The utility bill must be in your name and the address must be your primary address. You must not be claimed as a dependent on another person's income tax return other than your spouse. You must recertify your application when requested. You must notify AL&W within 30 days if you no longer qualify. You may be asked to verify your eligibility.

B. Organizations

- Are you applying as a tax exempt organization as defined by Chapter 501 of the Internal Revenue Code?
- Yes You are exempt from the Utility User Tax. Go to Section III.
- No You do not qualify for either program. Please do not submit this application form.

- II. All** of the following requirements **must** be met to qualify for the Lifeline Water Rate. City staff will verify your answers in this section. If you answer Yes to questions 1-4 then submit proof of income with your application and reapply every twelve (12) months.
- Are you 62 years or older and your Total Gross Annual Household Income is at or below the amounts shown for your household size?
 Yes
 No Go to Section III.
 - Are you currently a resident of a single family dwelling within the City of Azusa water service area?
 Yes
 No Go to Section III.
 - Have you been a water customer at the residence in question #2 for at least the past twelve (12) months?
 Yes
 No Go to Section III.
 - Are you served by a water meter that is ¾" or less?
 Yes
 No
 Do not know

III. Please Print Clearly

NAME: _____ TELEPHONE: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

LIGHT & WATER ACCOUNT NUMBER: _____

By signing below, I declare under penalty of perjury, that I qualify for the Utility User Tax and Assessment Fees Exemption and/or the Lifeline Water Rate.

Signature _____ Date _____

| |
|-------------------------|
| OFFICE USE ONLY: |
| W.O. 4205: _____ |
| FROZEN DATE: _____ |
| CSR INIT.: _____ |