

## *City of Colton Electric Utility Residential Low Income Assistance Program*

HEAD OF HOUSEHOLD: \_\_\_\_\_  
Last Name
First Name
Middle Initial

SOCIAL SECURITY NUMBER OF HEAD OF HOUSEHOLD: \_\_\_\_\_

### CITY OF COLTON UTILITIES ACCOUNT – CUSTOMER ON RECORD INFORMATION

\_\_\_\_\_

Last Name                                      First Name                                      Middle Initial

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Phone #                      Work/Message Phone #                      Date of Birth

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Service Address                                      City                                      State                      ZIP

ELECTRIC UTILITIES ACCOUNT NUMBER: \_\_\_\_\_

Household Information	Social Security #	Date of Birth	Age	Annual Income Before Taxes	Filed Tax (Y/N)
<u>Head of Household Name:</u>					
1.				\$	
Who is living with you?					
2.				\$	
3.				\$	
4.				\$	
5.				\$	
6.				\$	
7.				\$	
8.				\$	
(Use back of application if household is larger than eight (8))	<b>Total Family Income Before Taxes</b>			\$	

Is your Total Gross Household Income, (Income from all sources for all residents in the household at or below the amounts shown below for your household size?

Please circle one:      Yes      No      If you answered yes you qualify for this program.

Number in Household	Gross Annual Income
1 or 2	\$35,075
3	\$41,170
4	\$49,680
5	\$58,190
6	\$66,700
Each additional member add	\$7,400

Check sources that make up your total Gross Household Income

<input type="checkbox"/>	Wages, Salaries, Commissions
<input type="checkbox"/>	Self-Employed Income
<input type="checkbox"/>	Child Support
<input type="checkbox"/>	Spousal Support
<input type="checkbox"/>	Worker Compensation
<input type="checkbox"/>	Social Security
<input type="checkbox"/>	CalWORKS
<input type="checkbox"/>	Rental Income
<input type="checkbox"/>	Pension Retirement Income
<input type="checkbox"/>	Disability Insurance
<input type="checkbox"/>	Unemployment Insurance
<input type="checkbox"/>	School Grants/ Loans
<input type="checkbox"/>	Temporary Assistance to Needy Families
<input type="checkbox"/>	Supplemental Security Income
<input type="checkbox"/>	Other

**IMPORTANT: FOR VERIFICATION PURPOSES, PLEASE ATTACH FOLLOWING FORMS FOR PROOF OF INCOME (A COPY OF YOUR MOST RECENT PAYSTUBS AND INCOME TAX RETURN IF FILED). IF NOT, THEN PROVIDE COPIES SHOWING PROOF OF ANNUAL INCOME FROM ABOVE MARKED SOURCES. PLEASE REVIEW APPLICATION TO MAKE SURE THAT IT IS COMPLETE. UPON APPROVAL YOUR ACCOUNT WILL BE CREDITED DURING THE NEXT BILLING CYCLE, AN AMOUNT EQUAL TO YOUR TOTAL CURRENT ELECTRIC USAGE CHARGE.**

BY SIGNING BELOW, I CERTIFY:

1. I am not claimed on another person's income tax return.
2. I understand that Colton Electric Utility reserves the right to verify my household income.
3. Total number of people, including my self, living in my house is: \_\_\_\_\_.
4. My total household income each year is: \$\_\_\_\_\_.
5. That all information provided is correct under penalty of perjury under laws of California.
6. 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.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

Bring or mail this form and proof of income to Colton Public Utilities 650 N. La Cadena Drive, Colton, Ca 92324  
FOR MORE INFORMATION CALL (909) 370-5555