

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)
Head of Household Name:					
1.				\$	
Who is living with you?					
2.				\$	
3.				\$	
4.				\$	
5.				\$	
6.				\$	
7.				\$	
8.				\$	
(Use back of application if household is larger than eight (8))	Total Family Income Before Taxes			\$	

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.

Household Size	Care Income Limit
1 to 2	\$31,300
3	\$36,800
4	\$44,400
5	\$52,000
6	\$59,600
Each additional	\$7,600

Customers may also be eligible for THE LOW INCOME CREDIT PROGRAM if they are enrolled in **public assistance programs** such as The Gas Companies CARE program, Medicaid/Medical, Women, Infants and Children Program (WIC), Healthy Families A & B, National School Lunch's Free Lunch Program (NSL), Food Stamps/SNAP, Low Income Home Energy Assistance Program (LIHEAP), Supplemental Security Income (SSI), and Temporary Assistance for Needy Families (TANF).

Check sources that make up your total Gross Household Income			
	Wages, Salaries, Commissions		Rental Income
	Self-Employed Income		Pension Retirement Income
	Child Support		Disability Insurance
	Spousal Support		Unemployment Insurance
	Worker Compensation		School Grants/ Loans
	Social Security		Temporary Assistance to Needy Families
	CalWORKS		Supplemental Security Income
			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 ALL ABOVE SOURCES. PLEASE REVIEW APPLICATION TO MAKE SURE THAT IT IS COMPLETE. UPON APPROVAL YOUR ACCOUNT WILL BE CREDITED DURING THE NEXT BILLING CYCLE, OR A FOLLOWING BILLING CYCLE THAT YOU REQUEST THE CREDIT TO BE APPLIED TO. THE CREDIT WILL BE AN AMOUNT EQUAL TO YOUR TOTAL CURRENT OR SELCTED MONTH'S 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