

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

1. Are you 62 years of age or older? Yes No
2. 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 a impairment.
3. 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
4. If you answered Yes to question #3, you must submit proof of income and reapply every twelve (12) months.
5. 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

Account holder receives benefits from any of the following programs: **OR**

- Medi-Cal/Medicaid
- Medi-Cal for Families A & B
- Women, Infants, & Children (WIC)
- CalWORKs (TANF) Includes Welfare-to-Work / Tribal TANF
- Head Start Income Eligible – Tribal Only
- Bureau of Indian Affairs General Assistance
- CalFresh (Food Stamps)
- National School Lunch Program (NSLP)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income

MAXIMUM HOUSEHOLD INCOME

(Effective June 1, 2019 to May 31, 2020)

Number of Persons in Household	Total Annual Income
1-2	\$33,820
3	\$42,660
4	\$51,500
5	\$60,340
6	\$69,180
7	\$78,020
8	\$86,840

For each additional household member, add \$8,840

*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.

1. 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.
2. Are you currently a resident of a single family dwelling within the City of Azusa water service area?
 Yes
 No Go to Section III.
3. 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.
4. 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.: _____