



LIFELINE RATE APPLICATION

320 W. Newmark Ave., Monterey Park CA 91754

(626) 307-1336 | cashier@montereypark.ca.gov

Office Hours: Monday – Thursday 7:30 A.M. to 5:30 P.M. Friday 7:30 A.M. to 4:30 P.M.

The City of Monterey Park is pleased to offer a Lifeline Rate Program to residents who meet the eligibility requirements as identified below. If your household qualifies for the Lifeline rate, a pre-determined, flat-rate discount will be deducted from the water line item of your bill.

To apply, please fill out this application and attached the required documentation. If approved, the discount will become effective within sixty (60) days after the date of approval. If denied, you will receive a letter from the Support Services Division explaining the reason for disapproval.

READ THE FOLLOWING CAREFULLY! IN THE EVENT OF AN INCOMPLETE APPLICATION, APPROVAL MAY BE DELAYED OR DENIED.

To apply, you must be a current City of Monterey Park Water Utility customer and either a:

1. **Senior Citizen** – 62 years of age or older,
2. **Disabled Citizen**,
3. **Very Low-Income Family Member** - See “Income Requirements” chart below (**Income is defined as all revenues including, but not limited to wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, rental income, and income for self-employment.*), or
4. **Participant of California Alternate Rates for Energy (CARE) Program**

Please provide the following documentation:

1. A recent copy of the entire gas, electricity, and telephone bills. ****The discount cannot be granted if the name that appears on each utility bill is not the same as the applicant’s name.***
2. A recent copy of the property tax bill.
3. A. If applying as senior citizen, please submit proof of age (e.g., a copy of California State Driver’s License, Identification Card, or other acceptable proof of age).
 B. If applying as disabled citizen, please submit proof of disability (e.g., a recent certification signed by a licensed physician within the last year attesting to physical or mental disability **or** DMV registration for disabled placard).
 C. If applying as very low-income family member, please submit proof of income for applicant and all household members (e.g., a copy of the California Resident Income Tax Return Form 540, Social Security Benefits Statement, award letter of the amount of SSI benefits received, etc. If none are applicable, provide a NOTARIZED LETTER stating income).

Income Requirements	
Source: California PUC Alternate Rates for Energy (CARE) Program	
Number of persons living in my home	Maximum total “gross household income” from all sources
1-2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
For each additional person, add \$8,960	

Completed applications may be mailed/dropped off to our office at 320 W. Newmark Ave., Monterey Park, CA 91754 (Attn: Support Services Division) or emailed to cashier@montereypark.ca.gov. If you need help completing the application, or would like more information about the program, please call (626) 307-1338 or (626) 307-1336.

Please PRINT all information legibly.

DATE: _____

NAME OF APPLICANT _____
(FIRST, MIDDLE INITIAL, LAST)

SERVICE ADDRESS _____ Monterey Park, CA _____
(STREET NO. & NAME) (ZIP CODE)

UTILITY ACCOUNT NO. _____ - _____ PHONE NO. (____) _____ DATE OF BIRTH _____
(MM/DD/YYYY)

DRIVER'S LICENSE NO. _____ EMAIL ADDRESS _____
(OR OTHER GOVERNMENT-ISSUED ID)

TOTAL NUMBER OF PERSON(S) IN HOUSEHOLD _____

TOTAL GROSS ANNUAL INCOME OF ALL PERSON(S) IN HOUSEHOLD \$ _____

I CURRENTLY QUALIFY FOR THE CARE PROGRAM UNDER:

- Southern California Edison
- Southern California Gas Company
- N/A

I AM FILING AS:

- Senior Citizen
- Disabled Citizen
- Very-Low Income Family Member
- CARE Program Participant

SIGNATURE AND ACKNOWLEDGEMENT

I agree that by completing this form and submitting it to the City in an electronic format, such as email, it will have the same legal affect as a form submitted by U.S. Mail or in-person. I understand that I am required to renew my certification annually and notify the City of any change in information to maintain my eligibility. Failure to do so may result in my removal from this program. I certify, under penalty of perjury under the laws of the state of California, that the information I have provided in this application is true and correct.

SIGNATURE _____ PRINT NAME _____ DATE _____

FOR OFFICE USE ONLY

- NEW APPLICATION
- RE-CERTIFICATION

DATE RECEIVED _____ RECEIVED BY _____ AUTHORIZED BY _____