

# Application for Electric Rate Assistance for City of Lompoc Electric Customers

To apply for electric rate assistance of up to \$8 per month for one year, read the instructions on the reverse and complete this application.

- Submit a **copy** of the first page of your last income tax return for all household members earning income. This page will show **AGI**.
- Submit a **copy** of end of year pay stub or current year benefit letter for all household members earning income not listed on your tax return.
- Submit a **copy** of other forms of income as described below.
- Submit a **copy** of your last utility bill; or if you pay your utilities to a mobile home park, call 875-8252 for an electric usage history form.
- The name on the bill and the name on this application must match.
- Send a **copy** of a picture ID of the person whose name appears on the utility bill or mobile home park statement.
- If you cannot provide the requested information, please provide explanation in the **Comment** section on the reverse side.
- Place the **application and required documentation in an envelope and submit by mail or at drop-off location.** (See reverse side for mailing address and drop-off location.)

Please send only copies of documentation. Originals will not be returned.

## CUSTOMER INFORMATION

Please enter the following information for the customer whose name appears on the utility bill. (Please print clearly.)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Phone Number

X	X	X	X	X	X				
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\_\_\_\_\_  
Last Four Digits of Social Security Number

## HOUSEHOLD MEMBER INFORMATION (for all occupants of the home, including YOURSELF)

Name

Birthdate

Name

Birthdate

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INCOME INFORMATION

**(Include your income and all household members not listed on your last income tax return.)**

Enter your **TOTAL GROSS MONTHLY INCOME for ALL members** of your household below. Include a copy of the first page of your last tax return. If you did not file a tax return for the previous year, attach a copy of your last end of year pay stub, benefit letters, or other end of year statements. For persons living in your home not listed on your tax return, attach a copy of the first page of their tax return or last end of year pay stub, benefit letters, or other end of year statements.

Wages \$ _____	Annuities, 401K, IRA \$ _____	SSI/SSP \$ _____	Cal Works \$ _____
Pensions \$ _____	Child/Spousal Support \$ _____	SDI \$ _____	Food Stamps \$ _____
Interest \$ _____	AFDC/TANF \$ _____	SSA \$ _____	Other \$ _____

I understand that the information on this application will be used to determine my eligibility for rate assistance. By signing this application, I am declaring that I have listed all forms of income for my household. I declare, under penalty of perjury, that the information on this application is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please read and initial:**  
I understand the information provided on this application will be used to determine my eligibility for assistance. I verify that the annual household income listed below is correct and has included income from all members of my household. I understand that the City of Lompoc, or its agent, reserves the right to verify my household income. I understand that I must notify the City of Lompoc, or its agent, if I no longer qualify for rate assistance while residing within the City of Lompoc service area during the next 12 months. I agree to call 875-8252 or 875-8298 with any income or household change during the next 12 months from the date of this application. I understand that the address on this application must be my principle place of residence. I further understand that the monthly assistance will not exceed my total monthly electric charges.

\_\_\_\_\_  
(Initial)

## ***INSTRUCTIONS For Applying for Electric Rate Assistance***

### **Does my household qualify for the credit?**

A credit of up to \$8 per month is available to a household meeting the following guidelines:

<b>Number of people in household</b>	<b>Maximum annual income</b>
1	\$42,500
2	\$48,600
3	\$54,650
4	\$60,700
5	\$65,600
6	\$70,450
7	\$75,300
8	\$80,150

The City of Lompoc, or its agent, will use the documentation you provide to determine whether your household qualifies under the guidelines listed here. You **MUST** submit **CURRENT PROOF OF INCOME** for everyone receiving money in your household. Your application is considered **INCOMPLETE** without this documentation.

The City of Lompoc, or its agent, will contact you for updated income information if your documentation is incomplete or not current. If you do not have a copy of your last year's income tax return, you may obtain a copy by calling 1-800-829-3676. If you do not file an income tax return, the City or its agent, may ask for a verification of non-filing which can be obtained by calling 1-800-829-3676.

If you are 65 years of age or over, and have income qualified for rate assistance the previous year, you may call 875-8252 or 875-8298 for the appropriate application.

**If you need assistance completing this application, you may call 875-8252 or 875-8298.**

### **Before you submit your application, check the following:**

	You have filled in all requested information on the front of this application.
	You have initialed, for verification, that you have read the information under <i>Please read and initial</i> .
	You have signed the application and understand that all information provided must be true and correct.
	You have included copies (originals will not be returned to you) of all requested proof of income.
	You have included a copy of your last utility bill.
	If you filed an income tax return for the previous year, submit a copy of the first page of the return that provides the AGI (Adjusted Gross Income) before deductions.
	You have included a copy of picture ID issued by a legal agency. If the ID was not issued by an agency of the United States of America, you may be required to provide further documentation.
	All information has been placed in an envelope and addressed as shown below.

### **Submit application to the City of Lompoc:**

#### **By mail:**

**City of Lompoc  
Electric Rate Assistance Program  
100 Civic Center Plaza  
Lompoc, CA 93436**

#### **Drop off:**

In the City of Lompoc, Utility Drop Box, located in the island between the driveway in front of the Police Department building. Put all required information in an envelope addressed to:

**City of Lompoc  
Electric Rate Assistance Program**

#### **Comments:**

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