

Application for Electric Rate Assistance for City of Lompoc Electric Customers

To apply for electric rate assistance of up to \$9 per month for one year, read the instructions on the reverse and complete this application.

Proof of income for all household members is required. Submit the following:

- Submit a **copy** of the first page of the **2016 Federal Income Tax Return (1040 Form)** for all household members earning income; and or
- Submit a **copy** of pay stubs for one month for all household members earning income. Pay stubs must include gross monthly amount; and or
- Submit a copy of benefit letters of income as described in the Income Information Section below. (Social Security, Disability, Food Stamps, etc.)
- The name on your utility bill or mobile home statement and the name on this application must match. If you are a mobile home customer, and do not have an account with the City, submit your last mobile home rent statement.
- If you cannot provide the requested information, please provide explanation in the **Comment** section on the reverse side.

Applications can be returned **by mail or at the utility drop-box location or to the Conservation Counter at City Hall.** (See reverse side for mailing address and utility drop-box location.) Originals will not be returned.

Please read:

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 reserves the right to verify my household income. I understand that the address on this application must be my principle place of residence. If I move to a new address in Lompoc, I must complete a new application for credit to apply at the new address. I understand that the credit will not appear on my first bill or closing bill. I further understand that the monthly assistance will not exceed my total monthly electric charges.

CUSTOMER INFORMATION

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

Last Name	First Name												
Lompoc, CA													
Street Address	Account Number												
Phone Number	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;"> </td> <td style="width: 20px; text-align: center;"> </td> <td style="width: 20px; text-align: center;"> </td> <td style="width: 20px; text-align: center;"> </td> </tr> </table>	X	X	X	X	X	X	X	X				
X	X	X	X	X	X	X	X						

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

Last Four Digits of Customer's Social Security Number

Name	Birthdate	Name	Birthdate

INCOME INFORMATION (Please complete this section.)

Include additional members on the next page.

Enter the **TOTAL MONTHLY INCOME for ALL members working in your household who are 18 years** or older. You must provide a copy of your 2016 tax return, wage statements for the last month or a 2017 Benefit Letter for other forms of income such as Food Stamps, Cal Works, Social Security, Unemployment, etc.

Wages	\$ _____	Annuities, 401K, IRA	\$ _____	SSI/SSP	\$ _____	CalWorks/TANF	\$ _____
Pensions	\$ _____	Child/Spousal Support	\$ _____	SSDI	\$ _____	Food Stamps	\$ _____
Interest	\$ _____	Unemployment/ Worker's Compensation	\$ _____	Social Security	\$ _____	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 all household members. I declare, under penalty of perjury, that the information on this application is true and correct.

Customer Signature	Date
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INSTRUCTIONS For Applying for Electric Rate Assistance

Does my household qualify for the credit?

A credit of up to \$9 per month is available to a household meeting the following guidelines. Eligible households are households with a total income of 80% or less of area median income by household size as determined by HUD below:

Number of people in household	Maximum annual income
1	\$50,450
2	\$57,650
3	\$64,850
4	\$72,050
5	\$77,850
6	\$83,600
7	\$89,350
8	\$95,150

The City of Lompoc 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 income in your household.** Your application is considered INCOMPLETE without this documentation. If you or a household member does not earn income, you will be required to state in the Comment section that you or the member does not earn income. Please note that original documents will not be returned.

Please note the rate assistance will discontinue after 12 months. A new application must be submitted annually to continue assistance. If you move to a new address in Lompoc, you must complete a new application to receive credit.

The City of Lompoc 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 Federal 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 may ask for a verification of non-filing which can be obtained by calling 1-800-829-3676. If you do not have your Security Benefit Letter, you may provide your most recent Bank Statement showing the deposit from Social Security.

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

Comments:

Submit application to the City of Lompoc, City Hall Conservation Counter

or

By mail:

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

Utility Payment Drop Box:

The Utility Drop Box is located in the median 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**