

## LOW INCOME ASSISTANCE PROGRAM FOR WATER RATE INCREASES

1. **Background.** By Resolution No. 07-21 the City Council established a program to assist qualified low income residential customers in the event of an increase to the water rate(s) charged. Under the terms of the program: 1) qualified customers may be exempt from payment of fifty percent (50%) of the increase for a period not to exceed two years, 2) such assistance is limited to potable water service only, and 3) assistance will be provided on a first-come, first-served basis, and subject to the availability of funds.
2. **Eligibility.** To qualify, the applicant must be a residential customer whose gross annual income (income before deductions) does not exceed the household income limits established by the California Public Utilities Commission for the California Alternative Rates for Energy (CARE) program. Applicants must also have been customers of the Municipal Water System prior to the effective date of the increase. This program is applicable only to potable water service.

### CARE Program Maximum Household Income(Effective from June 1, 2008 to May 31, 2009)

**Instructions:** Take the number of people in your household that live there more than 50 percent of the time and add up their incomes from all eligible sources (see list below table). The total combined annual income should be less than or equal to the amount shown in the table.

Your household's gross annual income may not exceed these amounts:

Number of Persons in Household	Annual Income
1 or 2	\$ 30,500
3	\$ 35,800
4	\$ 43,200
5	\$ 50,600
6	\$ 58,000
7	\$ 65,400
8	\$ 72,800
9	\$ 80,200
10	\$ 87,600
Each Additional	\$ 7,400

A household's income includes money from any of these sources:

- Wages or Salaries
- Interest and/or Dividends from:
  - Savings Accounts
  - Stocks or Bonds

- Retirement Accounts
- Unemployment Benefits
- Rental or Royalty Income
- School grants, scholarships or other aid used for living expenses
- Profit from Self-Employment (IRS Form Schedule C, Line 29)
- Disability Payments
- Workers Compensation
- Social Security, SSI, SSP
- Pensions
- Insurance Settlements
- Legal Settlements
- TANF (AFDC)
- Food Stamps
- Child Support
- Spousal Support
- Cash and/or Other Income

3. **Further Information and Application Packet.**

- a. For additional information please contact the City's Housing and Grants Division located at Bellflower City Hall, 16600 Civic Center Drive, or call (562) 804-1424, extension 2244.
- b. Interested residential customers may obtain an application packet from the Municipal Water System office located at 16913 Lakewood Boulevard, or from the City's Housing and Grants Division located at 16600 Civic Center Drive, or by calling (562) 531-1500. In addition, a copy of the application packet is provided below.
- c. Completed applications must be sent to: City of Bellflower, Housing and Grants Division, 16600 Civic Center Drive, Bellflower, CA 90706.



MUNICIPAL WATER SYSTEM
WATER RATE INCREASE ASSISTANCE PROGRAM APPLICATION

Customer's Name(s), as shown on the bill \_\_\_\_\_

Service Address \_\_\_\_\_

Municipal Water Service Account Number \_\_\_\_\_

Residential Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

I. HOUSEHOLD INFORMATION:

Total Number of persons who occupy the household: \_\_\_\_\_

Please check ALL sources of your Income.

Note: The definition of "gross (before taxes) household income" is all money and non-cash benefits, available for living expenses, from all sources, both taxable and nontaxable, before deductions, including expenses, for all people who live in my home. This includes, but is not limited to the sources below.

- Wages & Salaries
Interest or Dividends from savings accounts, stocks or bonds, or retirement accounts
Unemployment Benefits
Rental or royalty income
Scholarships, grants or other aid used for living expenses
Disability Payments
Workers Compensation
Social Security
Pensions
Legal Settlements
Insurance Settlements
TANF (AFDC)
Child Support
Food Stamps
Spousal Support
Gifts
Other Income
Profit from self-employment (IRS Form 140, Schedule C, Line 29)

Total combined annual household income: \_\_\_\_\_

II. CONFLICT OF INTEREST: Do you or any member of your household have any direct or indirect family or business relationship with officials, agents or employees of the City of Bellflower? (NOTE: Such a relationship does not prohibit participation in this Assistance program.) [ ] Yes [ ] No

If yes, please give the name of the person and describe the relationship: \_\_\_\_\_

III. CERTIFICATION:

- 1. The above information and statements are true and accurate to the best of my/our knowledge. If eligible, I understand that I/We may receive financial assistance from the City of Bellflower.
2. I/We acknowledge that this application and the information in this application may be used for purposes of determining eligibility by the City or by its agents.
3. I/We understand that the City reserves the right to verify my household's income at any time, and agree to provide proof of income if asked. I/we agree to inform the City if I/we no longer qualify to receive the discount and understand that if I/we receive the discount without meeting the qualifications for it, I/we may be required to pay back the discount I/we received.
4. I/we declare under the penalty of perjury that the information on this application is given voluntarily, and that information is true and correct to the best of my/our knowledge.

Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE

Housing and Grants Division Date Received \_\_\_\_\_ By \_\_\_\_\_

Applicant Qualified Yes No By \_\_\_\_\_ If not qualified, why? \_\_\_\_\_

Finance Department Date Received \_\_\_\_\_ By \_\_\_\_\_

End Date of Eligibility \_\_\_\_\_ By \_\_\_\_\_

Approved Yes No Date \_\_\_\_\_ By \_\_\_\_\_

Letter Sent to Applicant Date \_\_\_\_\_ By \_\_\_\_\_

Copy of Letter Sent to MWS Office Date \_\_\_\_\_ By \_\_\_\_\_



**WATER RATE INCREASE ASSISTANCE PROGRAM  
CUSTOMER(S) PARTICIPATION AGREEMENT**

**Customer(s)** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Service Address** \_\_\_\_\_

**Municipal Water Service Account Number** \_\_\_\_\_

**Dear Customer:**

Thank you for your interest in the Municipal Water System's Water Rate Increase Assistance Program. Please confirm by signing below at the places indicated and by returning this Agreement and all application materials to the Housing and Grants Division that you wish to participate in the Water Rate Increase Assistance Program, under the conditions contained below:

1. This program is available only to current customers of the City's Municipal Water System who were customers as of the effective date of the water rate increase.
2. Assistance is limited to potable water service only.
3. Qualified customers may be exempt from payment of fifty percent (50%) of the increase for a period not to exceed two years. The amount of this exemption will be deducted from your bi-monthly water bill and itemized on the bill.
4. If your application is approved, the resulting award of assistance is not transferable to any other service address, account number, or customer.
5. To continue to receive this assistance you must remain a customer in good standing. Issuance of a Delinquent Notice for non-payment or a Non-Compliance Notice failure to comply with any Rule of the Municipal Water System will result in immediate termination of this Agreement.
6. To continue to receive assistance in the second year of this Agreement, you must certify your eligibility within 30 days of the City's request to do so.
7. Assistance will be provided on a first-come, first-served basis, and is subject to the availability of funds.

Should you have any questions, please contact the City's Housing and Grants Division at (562) 804-1424, extension 2244.

**ACCEPTED:**

Customer(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Customer(s) Signature \_\_\_\_\_ Date \_\_\_\_\_