

**2020 Lifeline Rate Application – Electric, Water, and Sewer Rates**



**APPLICATION INFORMATION** *(Please Print)*

<b>1. Name</b> – <i>As it appears on your Utility Bill</i>	<b>Age</b>	<b>2. Utility Bill Account Number</b>	
<b>3. Home Address</b> – <i>Do NOT use a P.O. Box</i>	<b>City</b>	<b>Unit Number</b>	<b>Zip Code</b>
<b>4. Mailing Address</b> – <i>If different from above</i>	<b>City</b>	<b>Unit Number</b>	<b>Zip Code</b>
<b>5. Home Telephone Number</b> – <i>Include Area Code</i>	<b>6. Work Telephone</b> – <i>Include Area Code</i>		
<b>7. Number of People Living in Household</b>	<b>8. Gross Yearly Income of Household</b>		

**REQUIRED** – RETURN A COPY OF PROOF OF AGE & INCOME WITH THIS APPLICATION  
**RETURN TO:** CITY OF SHASTA LAKE, 4477 Main Street or P.O. BOX 777, Shasta Lake, CA 96019  
**NOTE:** Bring your own copies. The City will NOT make copies for you.

**LIFELINE PROGRAM QUALIFICATIONS**

- The utility bill must be in your name. Individually metered applicants/customers may qualify for Lifeline Service at their primary residence only.
- Your total annual income cannot exceed the guidelines chart. (See other side)
- Applicant may be recertified annually or sooner if requested.
- You must provide copies of your records for verification of household income.

**PLEASE READ CAREFULLY AND SIGN BELOW**

I understand that for LIFELINE, “Gross Yearly Income of Household” means all money and non-cash benefits, available for living expenses, from all sources, both taxable and non-taxable, before deductions for all people who live in my home. This includes, but is not limited to: Wages, Salaries and Commissions, Child/Spousal Support, Interest, dividends, Legal Settlements, Social Security, Retirement, Disability or Unemployment Benefits, Workers Compensation or Other Aid.

By signing below, I certify under penalty of perjury that this information is true and correct under the laws of the State of California. I understand that the City of Shasta Lake reserves the right to request verification of the continued economic need at any time, and I will notify the City of Shasta Lake of any changes that affect my eligibility.

X \_\_\_\_\_  
 Customer Signature Date



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The City of Shasta Lake’s Lifeline Rate program allows for a discount on your monthly electric, water, and sewer utility bill for individuals that are: ***Senior Citizens (age 62 or older) or are disabled as evidenced by supporting documentation and fall under the income guidelines\****. The City of Shasta Lake will use this application, along with the information you provide, to determine if your household meets eligibility requirements. Should you qualify, your discount will appear on your next City of Shasta Lake utility bill. The City of Shasta Lake requires you to verify your need for the program annually or sooner upon your acceptance to the program.

LIFELINE RATE  
MAXIMUM INCOME GUIDELINES

<u>Family Size</u>	<u>Yearly Income</u>
1	34,012
2	38,887
3	43,725
4	48,600
5	52,500
6	56,362
7	60,262
8	64,162

**\*Income Guideline:** Per City of Shasta Lake Ordinance Code 13.04.115-All applicants must have incomes at or below seventy-five (75) percent of Shasta County's Area Median Income (AMI), adjusted for household size, as published by the state of California Department of Housing and Community Development.

**FILLING OUT THE APPLICATION, STEP-BY-STEP (APPLICATION ON REVERSE)**

<u>LINE NUMBER</u>	<u>THE INFORMATION CITY OF SHASTA LAKE NEEDS</u>
<b>Line 1</b>	Print your name as it appears on your City utility bill and your age.
<b>Line 2</b>	Print your utility bill account number as it appears on your City utility bill.
<b>Line 3</b>	Print your address where the City is supplying your Electricity, Water, and Sewer services.
<b>Line 4</b>	Print the address where your mail is delivered to you, if different from line 2.
<b>Line 5</b>	Provide your home telephone number.
<b>Line 6</b>	Provide your work telephone number, or where you can be reached during the day.
<b>Line 7</b>	Add the number of people living in your household, and write that number on this line.
<b>Line 8</b>	Add <b>ALL</b> sources of income that your household uses to pay bills and write the total on this line.
<b>Line 9</b>	Read carefully the information on program qualifications on the application and sign the form at the bottom.

**MOST IMPORTANT: ATTACH A COPY OF YOUR PROOF OF AGE AND TOTAL HOUSEHOLD INCOME**

*(Birth Certificate or I.D. AND Federal Tax Form 1040 or Schedule C if self-employed, Bank Statements, W-2's, are forms of income verification we may use to qualify your income.)*