



WATER AFFORDABILITY CREDIT APPLICATION

NAME _____
Print First Name Print Last Name

SERVICE ADDRESS: _____

UTILITY ACCOUNT NUMBER: _____

TELEPHONE # _____ DRIVER'S LICENSE/ID _____

ELIGIBILITY

To be eligible to receive a \$5.00 monthly credit for the Water Affordability Credit Program (Water ACP):

- Service must be single family residence and in the name of the accountholder;
- Accountholder is billed and pays for water services from the City of Fresno;
- Accountholder must live on the property ;
- Accountholders may qualify if they are eligible to receive PG&E's ("CARE") Program, the listed Fresno County Human Services program or based on annual income.

CHECK ALL BOXES BELOW WHICH APPLY TO YOUR HOUSEHOLD

<u>Pacific Gas & Electric</u> <input type="checkbox"/> California Alternate Rates Energy Program ("CARE") <u>Fresno County Human Services Program</u> <input type="checkbox"/> Supplemental Nutrition Assistance Program ("SNAP") <input type="checkbox"/> Women, Infants and Children ("WIC") <input type="checkbox"/> National School Lunch Program ("NSLP") <input type="checkbox"/> Medi-Cal Program	<u>Annual maximum income limits are below:</u> <input type="checkbox"/> 1-2 persons \$ 31,860 <input type="checkbox"/> 3 persons \$ 40,180 <input type="checkbox"/> 4 persons \$ 48,500 <input type="checkbox"/> 5 persons \$ 56,820 <input type="checkbox"/> 6 persons \$ 65,140 <input type="checkbox"/> Add \$8,320 for each additional person <small>7/1/16</small>
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Due to limited funding and in the interest of equity, accountholders must apply on a first-come, first served basis *each year*. Affordability Credits will be issued for a 12 month period from July to June to qualified applicants. If all qualified applicants are enrolled and the budget is not depleted, further applications will be accepted until all Affordability Credits are utilized. Upon enrollment and qualification in the Water ACP, participants will be required to submit an application prior to April 30th for the next Water ACP beginning July 1. See more details below or call us at 559-621-6888.

SIGNATURE

By signing this application, I certify that my household income meets the requirements, I qualify for either "CARE" or one of the Fresno County Human Services Programs listed above. I also agree to the following terms:

1. Information I provided is accurate
2. I live at the address where the Water ACP discount will be received
3. I understand I must re-certify for eligibility determination each year
4. I must notify the City of Fresno if my household is no longer eligible for the Water ACP discount
5. After enrollment I may be required to provide proof that my household qualifies
6. I will pay back the discount if any information provided is not accurate

Signature Date

Mail completed form to: City of Fresno Utilities Billing & Collection, PO Box 2069 Fresno CA 93718-2069 or hand deliver to: Fresno City Hall, 2600 Fresno St #1098 Fresno CA 93721. Qualified persons will see the credit on the front of the water bill.