

Ukiah C.A.R.E.S.

"City Assistance for Relief through Energy Support"

MONTHLY DISCOUNT

Call 468-9577 to pre-qualify and **RETURN FORM TO:**
Salvation Army Office 419 Talmage Rd. Ste F
Ukiah CA 95482

Fax 468-9517

Single Family Program

This is not an entitlement program

APPLICATION INFORMATION** Please type or print**

1) Name - As it appears on your bill		Social Security #	Account #	
2) Home Address - Do NOT use P.O. Box	Apt/Unit #	City	State	Zip Code
3) Mailing Address - if different from above address		City	State	Zip Code
4) Home Phone	Work/Message Phone	Total # in Household	Rent/Mortgage \$	

THIS ASSISTANCE APPLIES TO CITY OF UKIAH ELECTRIC CHARGES ONLY
Proof of Income and copy of City Electric Bill must accompany this application

OFFICE USE ONLY

5) Source	Name	Net Monthly Income	
_____	_____	\$ _____	TOTAL MONTHLY "TAKE HOME" PAY \$ _____
_____	_____	\$ _____	LESS RENT OR MORTGAGE (\$ _____)
_____	_____	\$ _____	TOTAL NET INCOME* \$ _____
_____	_____	\$ _____	

*Should be less than or equal to 300% of FPIG per total # in household

Total Amt of Bill \$ _____ Amt Non-Electric \$ _____ Amt of Benefit \$ _____ Amt Available \$ _____
Appointment Date _____ Begin Date _____ End Date _____ Case Worker _____
Qualified _____ Denied _____ Reason _____

Required Documentation attached: Identification _____ Rent/Mortg _____ Income _____
Utility Bill/Late Notice _____ Applicable Invoices _____ Non-Electric Portion Paid Receipt _____

MONTHLY DISCOUNT PROGRAM QUALIFICATIONS - guidelines available upon request

- * Verified total household income must meet 200% of the Federal Poverty Income Guidelines
- * Applicant must NOT be residing in subsidized housing - Section 8; HUD; RCHDC; CDC; FmHA
- * This application is valid for twelve months from date of eligibility - You must renew every twelve month period
- * You must notify City of Ukiah in writing within 30 days of becoming ineligible for the Monthly Discount Rate

PLEASE READ CAREFULLY AND SIGN BELOW

I understand that I must include in my report of household income all money (including cash assets) and non-cash benefits, available for living expenses, from all sources, both taxable and non-taxable, for all people who live in my home which they have received or expect to receive during the calendar year. This includes (but is not limited to) Wages and Commissions; Child/Spousal Support; Interest, Dividends Business or Rental Income; Support from family/friends; Cash Gifts, Loans; Lottery Winnings; Tax Refunds and Money from Insurance Policies or Legal Settlements; Social Security; Retirement, Veterans Disability or Unemployment Benefits and Workers Compensation; AFDC; SSI; SSP; Cash Public Assistance.

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 Salvation Army and/or City of Ukiah reserves the right to request verification of continued economic need at any time, and I will notify Salvation Army and/or City of Ukiah of any changes that affect my eligibility. I understand that this information may be shared with my other energy utility, if applicable.

X

Customer Signature

Date

03PA:CARES applications.xls

This is a program of the City of Ukiah ** 300 Seminary Ave. ** Ukiah, CA 95482 ** 463-6228