

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 714 S. State St., Ukiah, CA 95482

Single Family Program

This is not an entitlement program

APPLICATION INFORMATION ***Please type or print** How did you find out about the program?

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 160% 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 160% 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
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