



# Ukiah C.A.R.E.S.

"City Assistance for Relief through Energy Support"

## MONTHLY DISCOUNT

To pre-qualify: **MAIL FORM TO:**

**Salvation Army Office**

**PO Box 2046**

*Single Family Program*

**Ukiah, CA 95482-2046**

**Phone: (707) 510-1103**

### 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
		Ukiah	CA	95482
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	Gross Monthly Income	
_____	_____	\$ _____	TOTAL GROSS MONTHLY PAY \$ _____
_____	_____	\$ _____	LESS RENT OR MORTGAGE (\$ _____ )
_____	_____	\$ _____	TOTAL NET INCOME* \$ _____
_____	_____	\$ _____	*Should be less than or equal to 200% 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**

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