



<u>FINANCE DEPT USE ONLY</u>	
<input type="checkbox"/> 1 <sup>st</sup> Year	<input type="checkbox"/> 2 <sup>nd</sup> Year
Date Received: _____	
Received By: _____	

## Low Income Senior Assistance Program Application Form

The Low Income Credit is 50% of the charge for the first 5 units of water usage

To qualify for the Low Income Credit:

- You must be a residential customer
- You must be 65+ years of age
- You must be enrolled in the Low Income Assistance CARE program with SCE **and** The Gas Company
- You must be able to provide a recent SCE **and** Gas Company bill showing this enrollment
- The name and address on the SCE **and** Gas Company bill must match that information on the water account
- You must be able to provide a valid SSN, a valid ID/Drivers License and contact phone number

Participation in the Low Income Assistance Program will be limited to 2 years.

If you qualify, your account will be enrolled for 1 year and you will see the credit on the first bill following enrollment of your account. There will be no retroactive adjustments.

Enrollment in year 2 is **not automatic**. A new application along with the most recent SCE **and** Gas Company bills are required for the second year of enrollment. No notices will be provided.

The following information is required and will only be used to verify identity or to contact you in the event that additional information is needed to complete your application.

**Customer Information:** (please print clearly)

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Date of Birth

(\_\_\_\_) \_\_\_\_\_  
Daytime Phone #

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Customer SSN

\_\_\_\_\_  
Customer Street Address (service location on bill)

San Jacinto, CA

**Enrollment in this program can be done via mail or fax by sending this application and a copy of all required information to:**

City of San Jacinto Water/Billing Dept  
595 S. San Jacinto Ave  
San Jacinto, CA 92583

OR

Fax: (951) 537-6385  
Attn: Water/Billing Dept