

# LID CARES Application

## Low-Income Assistance Program

### 1. Account Information

Customer Name (as it appears on your LID bill)		
Service Address		
City	Zip Code	
Mailing Address (if different than service address)		
City	State	Zip Code
LID Account Number	Contact Phone Number	
Are <u>you</u> 60 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	

### How to Apply

1. Enter your account information.
2. Enter your household and income information.
3. Please verify the required documentation has been attached:
  - Proof of total monthly income**
  - IRS Form 4506-T for all adults**
  - LID bill**
4. Sign and date the application. Return the application and required documentation to:

**LID CARES**  
**P.O. Box 747**  
**Ripon, CA 95366**

**\*\*Incomplete applications will not be processed\*\***

### 2. Household Information & Income Verification

Total number of persons living in the home ( full-time basis):		Adults _____ + Minors (under 18) _____ = _____ Total	
If you are renting your home, are you receiving a housing subsidy (Section 8, HUD, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is anyone in the household receiving a food subsidy (Cal Fresh, WIC, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Household income includes money from all household members (taxable or non-taxable), including but not limited to:  Wages \$ _____ Workers compensation \$ _____ Interest income \$ _____ Unemployment benefits \$ _____ Social Security \$ _____ Spousal support \$ _____ SSI, SSP, SSDI \$ _____ Rental or royalty income \$ _____ Pensions \$ _____ Legal settlements \$ _____ TANF (AFDC) \$ _____ Scholarships \$ _____ Child support \$ _____ Grants \$ _____ Disability payments \$ _____ Cash \$ _____ Self-employed (IRS Form Schedule C required) \$ _____ Other income (explain): _____ \$ _____	<b>Eligibility Guidelines</b>		
	<b>Persons in Household</b>	<b>Monthly Income</b>	<b>Annual Income</b>
	1	\$2,097	\$25,168
	2	\$2,097	\$25,168
	3	\$2,639	\$31,664
	4	\$3,180	\$38,160
	5	\$3,721	\$44,656
	6	\$4,263	\$51,152
	Additional Members	\$541	\$6,496
	<b>Total Monthly Household Income (Gross):</b> \$ _____		Guidelines effective 01/01/2015

Note: Proof of income may include award letters, paystubs, etc. **LID will not accept bank statements as proof of gross income.** If you need a copy of your Social Security Award Letter, please contact the local Social Security office by calling 888-748-7698. Documents will not be returned.

### 3. Declaration and Signature

**The information on this application and required documentation is used to determine and verify my eligibility for assistance.**  
**All information is confidential and is not shared with outside agencies.**

It is the customer's responsibility to contact LID if your household income increases above the current limits, and LID reserves the right to request further certification at any time while the LID customer is on the program. Misrepresentation of information, failure to disclose all income or failure to provide additional documentation, including tax records, as requested by LID, may result in disqualification in the LID CARES program. LID will charge the customer the amount of the LID CARES discount inappropriately received in accordance with the LID Electric Service Rules.

If eligible for LID CARES discount, I permit the proper discount to be applied to the service address listed above and give consent to have my eligibility verified. I declare, under penalty of perjury, that the information on this application is true and correct.

X

Signature (person whose name appears on LID bill)

Date

<b>LID Use Only</b>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Pub Ben Approval	ES Sup Approval