



GLENDALE CARE PROGRAM

1. Customer Information

Name: _____ Age _____
 Address: _____
 GWP Account Number: _____ Phone: () _____

2. Other Adults Living in the Home

Name: _____ Age _____
 Name: _____ Age _____
 Name: _____ Age _____

3A. Public Assistance Programs Benefits Received:

If you or someone in your household receives benefits from any of the programs listed below, please check the box, then skip 3B and go directly to 4. **Must include a copy** of your benefit card or other proof of current period enrollment for programs checked.

Medi-Cal: Under 65 of age Food Stamps Healthy Families (Category A) WIC
 Medi-Cal: 65 or older TANF (AFDC) LIHEAP Section 8/HUD

If NONE of the above, please complete section 3B below.

3B. Household Income: Skip if you completed section 3A.

Part 1: If you do not participate in any of the programs listed above, please check the appropriate box for all sources of income for all persons in your household, **must provide current documents** for all sources checked below and provide your total household gross income below:

SSA, SSI, SSP, SSDI Wages or Salaries - Include three Legal Settlements
Include current year benefit letter recent copies of pay stubs. At least one should show pay period up to end of the month.
 Pensions Unemployment Benefits Insurance Settlements
 Family Support Disability Payments Spousal Support
 Cash or other income Workers Compensation Child Support
 Rental or Royalty Income Scholarships, Grants Current year Profit and Loss Statement
 Interest or Dividends from:
Savings Accounts, Pensions, Stocks or Bonds, Retirement Accounts

Part 2: Please fill in the total household income:

My total gross annual household income is: \$ _____
 Total number of people living in my home, including myself is: _____

INCOME ELIGIBILITY GUIDELINES

Number of Household Members	Maximum Gross Annual Income
1-2	\$31,800
3	\$37,400
4	\$45,100

For each additional household member add \$7,700

4. Declaration: Please read and sign below.

I certify under penalty of perjury that the information I have provided is true and correct. I agree to inform GWP if I no longer qualify to receive the discount. I understand that if received this discount without qualifying for it, I may be required to pay back the discount I received. I understand that GWP can share my information with other utilities or agents to enroll me in their assistance programs.

Customer Signature _____

Date _____



GLENDALE CARE INFORMATION SHEET

Glendale *Water & Power's* Care Program provides low-income households a \$10.00 discount per month on their electric bills. To see if you qualify, check the requirements below.

Please complete the application and return it with required documents in the envelope provided. The discount will be applied once your completed and signed application is approved by GWP. Please allow at least 30-60 days for processing your application. Your discount will be on the first bill after your application is approved.

**There are 2 ways to qualify for the Care discount:
Must provide documentation for the following or your application will not be processed and will be sent back:**

Public Assistance Programs
If you or another person in your household receives benefits from any of the following programs
Medi-Cal
Food Stamps
TANF (AFDC)
Women, Infants & Children (WIC)
Healthy Families Categories A
LIHEAP

OR

Maximum Household Income:	
Number of Persons in Household	Total Annual Income
1-2	\$31,800.00
3	\$37,400.00
4	\$45,100.00
5	\$52,800.00
6	\$60,500.00
Each additional household member, add \$7,700	

Conditions for Participation

GWP low-income applicant must be the primary account holder. Name on the GWP account

- must match the name on the application
- must be a full time resident of the household

Applications submitted by co-signers are not accepted.

You must not be claimed as a dependent on another person's income tax return

You must recertify when requested

You must notify GWP within 30 days if you no longer qualify

You must reapply and provide income documentation each time you move

For information on Glendale Care, call GWP:

English - (818) 548-3368, Armenian - (818) 548-3364

www.GlendaleWaterAndPower.com