

# 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 (A&B) | 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:

- |                             |   |                             |
|-----------------------------|---|-----------------------------|
| Social Security             | Wages or Salaries - Include three recent copies of pay stubs. At least one should show pay period up to end of the month. | Legal Settlements           |
| Pensions                    | Unemployment Benefits   | Insurance Settlements       |
| SSI, SSP, SSDI              | Disability Payments   | Spousal Support             |
| Cash or other income        | Workers Compensation  | Child Support               |
| Rental or Royalty Income    | Scholarships, Grants  | Profit from Self-Employment |
| Interest or Dividends from: |   |                             |
| Savings Accounts, Pensions  |   |                             |
| Stocks or Bonds             |   |                             |
| Retirement Accounts         |   |                             |

**Part 2: Please fill in the total household income:**

My total gross 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	\$30,500
3	\$35,800
4	\$43,200

For each additional household member add \$7,400

## 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:**

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&B LIHEAP

OR

Maximum Household Income:	
Number of Persons in Household	Total Annual Income
1-2	\$30,500.00
3	\$35,800.00
4	\$43,200.00
5	\$50,600.00
6	\$58,000.00
Each additional household member, add \$7,400	

### Conditions for Participation

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 may be asked to verify your eligibility for Glendale Care

For information on Glendale Care, call GWP:  
English - (818) 548-3368, Armenian - (818) 548-3364

[www.GlendaleWaterAndPower.com](http://www.GlendaleWaterAndPower.com)