

TO QUALIFY FOR LOW INCOME CREDIT:

## **City of San Jacinto**

## Low Income Senior Assistance Program Application

THIS PROGRAM PROVIDES A 50% CREDIT OF THE CHARGE FOR THE FIRST 5 UNITS OF WATER USAGE

| Service Address (on bill)   |   |
|---|---|
|   | San Jacinto, CA                         |
| Daytime Phone #   | SSN                                     |
| Name  | Date of Birth                           |
| Customer Information: (please print clearly)  |   |
| The following information is required and will only be<br>additional information is needed to complete the app      |   |
| Future enrollment is not automatic. A new application of coills are required for the second year of enrollment. No  | o notices will be provided.             |
| f you qualify, your account will be enrolled for 1 year<br>enrollment of your account. There will be no retroactive | _                                       |
| $\square$ You must be able to provide a valid SSN, a valid  | d ID/Driver's license, and phone number |
| The name and address on the SCE and Gas on the Water Account  | Company bill must match the information |
| <ul> <li>You must be able to provide a recent SCE and<br/>enrollment</li> </ul>                                     | Gas Company bill showing CARE program   |
| You must be enrolled in the Low Income At the Gas Company   | Assistance CARE program with SCE and    |
| ☐ You must be 65+ years of age  |   |
| You must be a residential customer  |   |

Enrollment in this program can be done via mail or email 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, A 92583 sjwater@sanjacintoca.gov

| FINANCE DEPT USE ONLY |  |
|-----------------------|--|
| ☐ Initial ☐ Renewal   |  |
| Date Received:        |  |
| Received by:          |  |
| Account #:            |  |
|                       |  |