

**CITY OF REDDING - HOUSING DIVISION
 MASTER METERED APPLICATION
 Electric Utility Lifeline Rate Application**

CUSTOMER OF RECORD _____

NUMBER PERSONS IN HOUSEHOLD _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

NAME OF MOBILE HOME PARK _____

CURRENT ADDRESS _____

MAILING ADDRESS _____

PHONE NUMBER: Home _____ Message/Work _____

Is the Customer of Record or another household member elderly (age 62 or older) or disabled? 9 Yes 9 No

**PLEASE READ REVERSE SIDE OF FORM PRIOR TO COMPLETING APPLICATION
TOTAL GROSS HOUSEHOLD INCOME**

List all money received, or expected to be received by **EVERYONE** living in your household. This includes money from wages, self-employment, child support, cash or in-kind contributions, SSA/SSI, unemployment or disability payments, Worker's Compensation, retirement benefits, pension contributions, AFDC/TANF, GA, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, grants, loans, legal or accident settlements and all other sources. LIST ALL **AMOUNTS** RECEIVED OR EXPECTED TO BE RECEIVED.

Household Member Receiving Income	Date of Birth	Type of Income	How Often Received * (See Below)	Monthly Amounts

* M = Monthly S = Twice per Month B = Every Two Weeks W = Weekly

Do you use electrically powered medical equipment such as oxygen support or dehumidifiers? 9 Yes 9 No

If yes, name and type of equipment: _____

By signing below, I certify under penalty of perjury that this information is true and correct under the laws of the State of California. I understand that the City of Redding reserves the right to request verification of the continued economic need at any time, and I will notify the City of Redding of any changes that affect my eligibility.

SUBMIT COPIES OF INCOME AND AGE WITH THIS APPLICATION

Signature of Customer of Record _____

_____ Date

**CITY OF REDDING ELECTRICAL UTILITIES
MASTER METER LIFELINE RATE APPLICATION**

The City of Redding Lifeline Rate program allows for a 25 percent discount on the monthly service fee and the first 800 kilowatt hours of electricity used by eligible households each month. The applicable discount will appear on your utility bill.

Who is eligible for Lifeline? Income eligible persons who are either (1) a senior citizen (age 62 or older) or (2) permanently disabled as evidenced by receiving Supplemental Security Income (SSI), State Supplemental Payment (SSP), or Social Security Benefits (SSA), or any other private or public source of long-term disability benefit.

LIFELINE RATE MAXIMUM INCOME GUIDELINES
(75% of Shasta County median family income)

<i>FAMILY SIZE</i>	<i>MONTHLY INCOME</i>	<i>YEARLY INCOME</i>
1	\$2,441	\$29,288
2	\$2,791	\$33,488
3	\$3,138	\$37,650
4	\$3,488	\$41,850
5	\$3,766	\$45,188
6	\$4,047	\$48,563
7	\$4,325	\$51,900
8	\$4,603	\$55,238

- * Add \$3,000 per year, or \$250 per month for each additional person.
- * \$350 can be deducted from the above amounts for each household member requiring electrically powered medical equipment, with a maximum addition of \$700.

The City of Redding's HOUSING DIVISION will process your application and determine your eligibility for the Lifeline Rate. **You must complete the application on the reverse side and provide copies of the following documents:**

- Proof of age (Birth Certificate, driver's license or other I.D. which provides date of birth) and;
 - Verification of total GROSS income of the household, which may include the following:
 - < Award letters issued from the source of income*
 - < Wage stubs
 - < Federal Income Tax Form 1040, if self-employed include Schedule C
 - < W-2 Forms
- * Proof of Social Security income benefits can be obtained by contacting 1-800-772-1213 or visiting Social Security online at www.ssa.gov.

If you have any questions regarding this application, please call 225-4578

Please mail your completed application AND supporting documents to:

**Housing Division
P.O. Box 496071
Redding CA 96049-6071**