



Residential Low Income Assistance Program

CITY OF COLTON UTILITIES ACCOUNT – CUSTOMER ON RECORD INFORMATION

Last Name	First Name	Middle Initial
Home Phone #	Work/Message Phone #	Date of Birth
Service Address	City	State Zip

ELECTRIC UTILITIES ACCOUNT NUMBER: _____

Household Information	Social Security #	Date of Birth	Age	Annual Income Before Taxes	Filed Taxes (Y/N)
1.				\$	
2.				\$	
3.				\$	
4.				\$	
5.				\$	
6.				\$	
(Use 2nd application if household is larger than eight (6))	Total Family Income Before Taxes			\$	

PLEASE READ AND INITIAL THE FOLLOWING:

I understand this program applies only to the **ELECTRIC** portion of my utility bill _____

I understand the monthly savings will begin on my next month's bill _____

I understand I will be receiving a Tier 1 allotment increase of 139 kWh from 250 kWh to 389 kWh each month for 12 consecutive months from date of approval _____

By initialing here, I give my permission to have my electric consumption reviewed to see if I can benefit from the Low Income Community Solar Program. I request to be contacted by the utility once it is determined if I qualify. _____

Number in Household Effective From 7/1/21-6/30/22	Gross Annual Income
1 or 2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160
Each Additional member add	\$9,080

Is your Total Gross Household Income, (Income from all sources for all residents in the household) at or less than the amounts shown on the left for your household size?

Please circle one: Yes No

If you answered yes you qualify for this program.

Check sources that make up your total Gross Household Income

- | | |
|---|---|
| <input type="checkbox"/> Wages, Salaries, Commissions | <input type="checkbox"/> Worker Compensation |
| <input type="checkbox"/> Self-Employed Income | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Cal WORKS |
| <input type="checkbox"/> Spousal Support | <input type="checkbox"/> Pension Retirement Income |
| <input type="checkbox"/> Rental Income | <input type="checkbox"/> Disability Insurance |
| <input type="checkbox"/> Unemployment Insurance | <input type="checkbox"/> School Grants/Loans |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Temporary Assistance to Needy Families |
| | <input type="checkbox"/> Other _____ |

IMPORTANT: FOR VERIFICATION PURPOSES, PLEASE ATTACH THE FOLLOWING FORMS FOR PROOF OF INCOME

- Recent pay stubs or income tax return if filed
- or provide copies showing proof of annual income from above marked sources
- **If someone over the age of 18 does not have proof of income or not a full-time student, you must submit verification from unemployment office**

BY SIGNING BELOW, I CERTIFY:

1. I am not claimed on another person's income tax return.
2. I understand that Colton Electric Utility reserves the right to verify my household income.
3. Total number of people, including myself, living in my house is: _____.
4. My total household income each year is: \$_____.
5. That all information provided is correct under penalty of perjury under laws of California.
6. If I fail to provide requested income documentation or receive exemptions for which I am not eligible, my account will be re-billed for credits I received.

Signature of Head of Household

Date

Bring or mail this form and proof of income to Colton City Hall Electric Assistance Desk,
650 N. La Cadena Drive, Colton, CA 92324

FOR MORE INFORMATION PLEASE CALL (909) 370-5518 or EMAIL mquijano@coltonca.gov