

EL TORO WATER DISTRICT

24251 Los Alisos Blvd. Lake Forest, CA 92630

(949) 837-0660 FAX (949) 837-7092 E-mail: customerservice@etwd.com

APPLICATION AND STATEMENT OF ELIGIBILITY FOR EL TORO WATER DISTRICT LIFE LINE RATE ASSISTANCE PROGRAM

APPLICATION INFORMATION: PLEASE PRINT OR TYPE

Your Name: _____
Last First Middle

Name as it appears
on billing statement: _____
Last First Middle

Service Address: _____
Street City Zip Code

Telephone No: () _____ Number of Persons in the Household: _____

Your ETWD Account Number as shown on your billing statement: _____

By signing this application, I declare under penalty of perjury that I have read and understand my responsibilities if I am approved for the Life Line rate. I further declare that I do meet the qualifications for the lifeline income rate benefits that I have requested. I understand that if I move or become ineligible to receive the discount that I must notify ETWD immediately. I understand that I must renew my application for the discount each time I change residences. If I do not change residences, I must reapply every three years or sooner as set forth in Schedule No. 1-W of the Rules and Regulations of the El Toro Water District. I also understand that the discount applies only to one residence at any one time and that it must be my permanent residence. I understand that if I am approved for the discount, I will begin receiving it no more than one billing period after ETWD receives my completed application.

Applicant's Signature

Date

**EL TORO WATER DISTRICT
LIFE LINE RATE ASSISTANCE APPLICATION**

Customers of the El Toro Water District whose account is in their name and can provide to the District satisfactory evidence of having a household income of 150% of the Federal Poverty Level or less per calendar year may qualify for the Life Line Rate Assistance program. This program provides a waiver for the Water O & M Charge for qualified customers. In order to qualify, customers must submit this application for determination by El Toro Water District.

To find out what your combined income is add together the income for each person living with you. Sources of that income include, but are not limited to the following:

Social Security Benefits	\$ _____	Disability Benefits	\$ _____
Royalties & Rental Income	\$ _____	Interests & Dividends	\$ _____
Wages, Tips & Salary	\$ _____	Retirement Benefits	\$ _____
Unemployment Benefits	\$ _____	Cash Public Assistance	\$ _____
Veterans Benefits	\$ _____	Food Stamps	\$ _____
			TOTAL \$ _____

When you fill out your application form, you will be signing a document under penalty of perjury that states you meet the qualifications.

WE MAY ASK YOU TO PROVIDE PROOF OF INCOME.

Proof of income includes but is not limited to copies of any of the following documents:

- State or Federal income tax returns
- Paycheck stubs
- Copies of state and federal records proving income such as military pensions
- Social Security
- Any other documents that would prove income levels

Applicant's Signature

Date

HOUSEHOLD MEMBERS

NAMES

AGES

Applicant's Signature

Date

=====

DISTRICT USE ONLY

Received Date

Processing Date

☐

Approved

By:

☐

Declined

Other Note(s):

Reason(s) for Decline:

System Updated By:

System Verified By:

Date: _____

Date: _____