## Kirkwood Meadows Public Utility District Electric Utility Assistance Benefits and Guidelines

Kirkwood Meadows Public Utility District ("KMPUD") will provide upon approval up to a \$25 monthly bill credit or actual electricity usage charges, whichever is lesser, on the electric usage portion of your utility bill with the following conditions

- 1. You are a current KMPUD residential electric customer.
- 2. You are the owner of the property and claim the residential premise as your primary residence and have maintained an active utility account for a minimum of six (6) months.
- 3. You may not be claimed on another person's income tax return unless they live in the same household.
- 4. Your total gross annual household income (the income received, or aid received by all persons living in your home) before deductions- is no more than the income shown below.
- 5. You will be asked to verify the income of all persons living in the household by providing federal tax returns annually for certification and annual re-certification.
- 6. If your application is approved, we will issue a credit on your utility bill within 60 days.

MAXIMUM GROSS ANNUAL HOUSEHOLD INCOME				
Persons in Household	EAP Maximum Combined			
	Monthly Income			
1	\$2,882.83			
2	\$3,769.83			
3	\$4,656.83			
4	\$5,543.92			
5	\$6,430.92			
6	\$7,317.92			
7	\$7,484.25			
8	\$7,650.58			
9	\$7,816.92			
10**	\$7,983.17			

<sup>\*\*</sup>For families/households with more than 10 persons, add \$166.32 for each additional person.

## **Application Form:**

Primary Account Holder  Service Street Address			Account Number		
		Phone N	umber	E-Mail Address	
Total Gross Annua	al Household Incom	e:			
2. Number of people	e (including yourself)	) live in your ho	ousehold?		
3. Check all sources	of income for your l	nousehold:			
<ul> <li>□ Wages or Salaries</li> <li>□ Current Income Tax Ret</li> <li>□ Unemployment Benefit</li> <li>□ Pensions</li> <li>□ Disability Payments</li> <li>4. Please attach you</li> </ul>		ne nefits etion 8 ) CalWORKs	□ Social Sec □ General R □ Other Fina	elief (Cash Aid) ancial Assistance	
DISCLOSURE AND A		. ,			
As a customer of KMPUD, I hinformation provided within understand that I must have addresses that I have active and maintain active electric KMPUD reserves the right to not comply with the program income documentation for a receive exemptions for which and I may no longer participunderstand that prior to, or a budget, and approvals will be applications will be approvenotice. Once submitted to K the property of KMPUD and a WARNING! Title 18, Section knowingly and willingly mak States. KMPUD reserves the	this application is core lived at the account a service for. I confirm to service. I am aware the verify my household in qualifications, proceed the lam not eligible, my attention that any time of the acceed and the service of the	rect under penal address for more that this is my penal I must submed and will adures, and specific account will be applying for applications on gram is subject in will take up to a leven if I decided ates code, state statements to a sudden and applications.	alty of perjury of a than six month imary residence it a new applications. If I fail to the re-billed for creater electric assistance of the change or terms ix weeks to prose to not participates that a person any department.	the laws of California. I as and do not have multiple e, I reside at this address ation annually. I understand eation if the applicant does all to provide requested ation will be declined. If I edits which I have received, ance with KMPUD, I his program has a limited rest serve basis and not all mination without prior ocess and review and is now ate in the program.	
respect to the information p contained in this applicatior	rovided on this applica	ation. I do hereb	y swear and att	est that all information	
Account Holder/ /	Applicant Signature			Date	