

# EL TORO WATER DISTRICT

## APPLICATION and STATEMENT of ELIGIBILITY For EL TORO WATER DISTRICT LIFE LINE RATE ASSISTANCE PROGRAM

### 1. APPLICATION INFORMATION: PLEASE PRINT

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: \_\_\_\_\_

### 2. SIGN APPLICATION:

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. I-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

CUSTOMER APPLICATION  
DOMESTIC LIFE LINE RATE

Any customer of the El Toro Water District whose account is in his or her name and can provide to the District satisfactory evidence of having a household income of \$15,000 or less per year may request that the service charge of waived.

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	\$ _____
Veteran's Benefits	\$ _____	Food Stamps	\$ _____
<b>TOTAL \$ _____</b>			

**REMEMBER** only qualified customers can sign up for the program. 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
- W-2 or 1099 tax forms
- Copies of state and federal records proving income such as military pensions
- Social Security
- Other documents that would prove income levels

HOUSEHOLD MEMBERS

NAMES

AGES

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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