



Gateway
to the
San Gabriel Valley

City of Alhambra

Residential Low-Income Water Rate Assistance Program

Instructions and Application Form

The City of Alhambra is pleased to offer a Low-Income Water Rate Assistance Program to residents who meet eligibility requirements as identified below. The program will provide eligible participants with a \$25 rate assistance which will be applied to the fixed water rate portion of the bi-monthly bill. (Please see the Program Guidelines for details).

To apply, please fill out the application and attach the required documentation. If approved, the rate assistance will become effective on the next billing cycle after the date of approval. You will receive notification in writing from this office regarding our determination of your eligibility. Applications must be completed by the account holder and the account holder must live on the premises. If approved, applicants will need to recertify annually by resubmitting an application along with supporting documentation.

Eligibility Requirements

A. Income Limits:

LOW INCOME (LMI) LIMITS			
Household Size	Maximum Income	Household	Maximum Income
1	\$70,650	5	\$109,000
2	\$80,750	6	\$117,050
3	\$90,850	7	\$125,150
4	\$100,900	8	\$133,200
For each additional person, add \$8,072. Round to the nearest \$50.			
Source: U.S. Department of Housing and Urban Development. These income figures are subject to change annually (last Updated: 6/6/23).			

B. Please provide a copy of the following documents:

1. Valid California driver's license or identification card.
2. Current water bill.
3. Federal Income Tax Returns for all household members, including W-2 forms.
4. Proof of all other sources of income for all household members.

Applicants receiving the following benefits are pre-qualified:

CalWORKS, CalFresh, general assistance, Medi-Cal, SSI/State Supplementary Payment Program or California Special Supplemental Nutrition Program for Women, Infants and Children.

Proof of receiving benefits can be provided in lieu of items B.3 and B.4 listed above.

Income shall be defined as the combined gross income, whether taxable or non-taxable, of all persons who live in the household, which includes but not limited to: the total income of salaries, wages, child support, alimony, Aid to Families with Dependent Children, Social Security income, spousal support payments, veteran benefits, disability, unemployment, retirement, rental income, interest, dividends, tips, public assistance, and income from self-employment.

Return application by mail or in person:

**City of Alhambra- Utilities Department
Customer Service Center
Attn: Water Rate Assistance Program
68 S. First Street
Alhambra, CA 91801**

Telephone Number: (626) 570-5061

**City of Alhambra
Residential Low-Income Water Rate Assistance Program Application Form**

Please complete the following sections:

Section 1: Applicant (Account Holder) Information

First Name:	Middle:	Last:
Mailing Address:		Telephone
City:	State:	Zip
Date of Birth:	Social Security Number:	Driver's License or ID #:
Service Address:		Account Number:

Section 2: Eligibility Certification

Number of persons living in the household: _____

YOU MUST INCLUDE INCOME OF **ALL** MEMBERS OF THE HOUSEHOLD AND PROVIDE PROOF OF ALL INCOME (FOREIGN OR DOMESTIC).

Source of Income	Applicant	Spouse	Other	Other
Wages				
Social Security				
SSI				
Public Assistance				
EDD				
Rental Income				
Other Income				
Total				

(Attach additional page if needed)

Grand Total (Total Income of all Household Members) \$ _____

Section 3: Certification Statement - Please read and sign the following:

I hereby certify under penalty of law that I have personally examined and am familiar with the information in this application and that based on my inquiry of those persons immediately responsible for obtaining the information contained herein, I believe that the information is true, accurate, and complete.

Date: _____

Signature: _____

FOR OFFICE USE ONLY			
Received Date: _____	Process Date: _____	Initial _____	
___ Approved	___ Denied		
Reason for Denial: _____			
Effective Date: _____	Expiration Date: _____	Cycle: _____	