



**Program Application for  
Residential Single-Family Customers**

Mail Completed application to: **City of West Sacramento**  
 Attn: Utilities  
 1110 West Capitol Ave  
 West Sacramento, CA 95691  
 (916) 617-4589

For Questions call:

**1 CUSTOMER INFORMATION:** (Please type or print)

Customer Account Number:  
 (This number is located on the first page or your bill)

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Name \_\_\_\_\_  
 As it appears on your bill

Home/Service Address \_\_\_\_\_  
 Do NOT use a PO Box

City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Daytime Telephone Number  
 Please include Area Code

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Mobile Telephone Number  
 Please include Area Code

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Number of people living in your household

		+			=		
Adults			Children			Total	

**2A PROVIDE/SHOW PROOF OF PG&E'S C.A.R.E. PROGRAM, SACRAMENTO COUNTY'S SEWERLIFELINE PROGRAM OR**

**2B PROVIDE/SHOW PROOF OF HOUSEHOLD INCOME INFORMATION**

HOUSEHOLD INCOME WORKSHEET: (Please fill in circle next to all sources of your household's annual income)

- Wages or Salaries
- Interest and/or Dividends from:
- Savings Accounts,
- Stocks or Bonds, or
- Retirement Accounts
- Unemployment Benefits
- Rental or Royalty Income
- School Grants, Scholarships or other aid used for living expenses
- Profit from Self-employment (IRS form Schedule C, line 29)
- Disability Payments
- Workers' Compensation
- Social Security, SSI, SSP
- Pensions
- Insurance Settlements
- Legal Settlements
- TANF (AFDC)
- Food Stamps
- Child Support
- Spousal Support
- Cash and/or Other Income

**MAXIMUM HOUSEHOLD INCOME:** (Effective June 1, 2007 to May 31, 2008)  
 Your household's gross annual income may not exceed these income guidelines:

Number of Persons in Household	1 or 2	3	4	5	6	
Total combined Annual Income	<b>\$32,480</b>	<b>\$40,840</b>	<b>\$49,200</b>	<b>\$57,560</b>	<b>\$65,920</b>	Add <b>\$8,360</b> for each additional household member

**Total Annual Household Income:** \$   ,

**3****DECLARATION:** *(Please read carefully and sign below)*

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform City of West Sacramento if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that City of West Sacramento can share my information with other utilities or their agents to enroll me in their assistance programs.

**X** \_\_\_\_\_ **Date** \_\_\_\_\_  
 City of West Sacramento Customer Signature       Fill in circle if guardian or power of attorney

## Low Income Credit Program

This program is available to residential, single-family, low-income customer with their own accounts. If your household meets the requirements below, you may apply to receive a credit on your City of West Sacramento utility bill every month.

### To Qualify

- You must live at the address where the credit will be received.
- You must not share a water meter with another home.
- You may not be claimed as a dependent on another person’s tax return other than your spouse.
- Your household’s gross annual income may not exceed these amounts:

Number of Persons In Household	Total Combined Annual Income
1 or 2	\$32,480
3	\$40,840
4	\$49,200
5	\$57,560
6	\$65,920
Each Additional Person	\$ 8,360

### To Apply

You can request an application by calling the City of West Sacramento at 916-617-4589, or in person at the Department of Finance, Utility Billing Counter in City Hall, located at 1110 W Capitol Ave, 1<sup>st</sup> Floor.