



CITY OF  
**FOLSOM**  
DISTINCTIVE BY NATURE

# Utility Assistance Program (UAP) Application

Return the completed application with the necessary proof of eligibility to: **City of Folsom  
Finance Department  
50 Natoma St  
Folsom CA 95630**

For questions regarding the Utility Assistance Program: **(916) 355-7295 / billingwebmail@folsom.ca.us**

## INSTRUCTIONS & INFORMATION

- Complete this application and submit to the address above. You must include all required documents for eligibility as described on page two of this document. *The sooner you apply, the sooner you can save!*
- Approved accounts will receive discounted City service rates for a maximum of 24 months. Actual amount of savings will vary depending upon services. Senior accounts may receive permanent UAP status.
- If application is approved, your new rates will be reflected on your next bill and will be indicated by the word "LOW" next to your service descriptions. If application is not approved, you will be notified.

1. Please print all information legibly.

2. Provide all information requested (proof of eligibility on pg. 2)

CUSTOMER NAME (AS SHOWN ON BILL)

ONLY ONE APPLICATION PER CITY CUSTOMER WILL BE ACCEPTED

Last Name		First Name		M.I.	Driver's License or CA I.D.
Service Address			Apt. No.	Account Number	
City	Zip	Day Phone		Evening Phone	
Email Address*				* Expiration notification will be sent by <b>email only</b> . No phone calls or USPS mail notification will be sent.	

## LIST ALL PERSONS LIVING IN HOUSEHOLD (INCLUDING YOURSELF)

Name	Age	Social Security No.	Yearly Gross Income
			\$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL YEARLY HOUSEHOLD GROSS INCOME:</b>			<b>\$</b>

3. Do **NOT** enclose this application with your bill payment - it will delay processing.

4. Submit completed application by mail or in person to address above.

I meet eligibility requirements listed on the back of this form and I declare under penalty of perjury that the forgoing is true and correct. I understand that the City of Folsom retains all legal rights and remedies to prosecute me to the fullest extent of the law if I have given false information on this form.

X

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

## ***Looking for a Lower Utility Bill?***

If you have a limited income, you may be eligible for the Utility Assistance Program Rate. Under this rate, you pay less for city utility services. You must meet all of the eligibility requirements to qualify.

**Eligibility Requirements:** You must meet all of the following requirements to qualify for the Utility Assistance Program Rate.

Your household's total gross income is no more than shown on the chart below:

Number of persons in your household	Yearly gross household income*	Number of persons in your household	Yearly gross household income*
1 . . . . .	\$24,300	5 . . . . .	\$37,500
2 . . . . .	\$27,800	6 . . . . .	\$40,300
3 . . . . .	\$31,250	7 . . . . .	\$43,050
4 . . . . .	\$34,700	8 . . . . .	\$45,850

You are not claimed as a dependent on another person's income tax return.

The service address on the application is your main place of residence.

You must be receiving utility service under a residential rate.

\* Total yearly gross household income based on Housing & Urban Development (HUD) guidelines is defined as: the sum of all wages; Social Security welfare and retirement payments; and disability, interest and dividend income for all residents living in the household. Updated: 4/11/2016

### **PROOF OF ELIGIBILITY**

Each applicant must provide proof, satisfactory to the City, that household income meets the above eligibility requirements. Failure to provide proof within 15 days of such request will be considered just cause for denial of or removal from the rate.

#### **REQUIRED PROOF:**

***Submit one (1) of the following documents for income verification:***

- a. The most recent year's tax document (first page only)**
- or- **b. A copy of the two (2) most recent month's bank statements**
- or- **c. Retirement income verification**
- or- **d. Social Security benefits correspondence stating income**
- or- **e. Verification of unemployment**
- or- **f. Disability verification stating income**

It is the customer's responsibility to notify the City immediately when eligibility requirements change and he/she no longer qualifies for this rate. All applications will be subject to review and/or verification. Any intent to defraud the City will result in retroactive billing correction and removal from the rate. The City reserves the right to take appropriate legal action as warranted.

<b>FOR OFFICE USE ONLY</b>	
Received Date: _____	Account Number: _____
<b><i>Decision / Date</i></b>	
Bi-Annual Renewal <input type="checkbox"/>	_____
Lifetime/Senior - No Renewal <input type="checkbox"/>	_____
Denied <input type="checkbox"/>	_____ <i>Reason for Denial:</i> _____
_____	
_____	
Completed Entry Date: _____	Completed By: _____