

The City of Lodi CARE Program
 Providing Qualifying Residential Utility Customers with Payment Assistance



APPLICATION

Complete and return the Application to:

Salvation Army, 525 W. Lockeford Street, Lodi, CA 95240 or Community Partnership for Families, 118 N. Church Street, Lodi, CA 95241

APPLICANT INFORMATION: *please print or type*

Name (as it appears on your bill)		Account Number:	Date:
Home Address (Do not use PO Box)		Apt/Unit #	City, State, Zip Code
Mailing Address (if different from above)		Apt/Unit #	City, State, Zip Code
Home Phone	Work/Message Phone	Household's Gross Monthly Income	Total # of People in the Household

Client Eligibility:

<input type="checkbox"/> Lodi Electric Utility Account Number	<input type="checkbox"/> Family income complies with guidelines and I wish to continue with the application	<input type="checkbox"/> Family income exceeds these guidelines. I don't qualify for this program.	<input type="checkbox"/> I currently receive the City's fixed income discount of five percent, I am over 63 years of age, and my gross income is below \$45,000 annually
<input type="checkbox"/> Current Utility Statement	<input type="checkbox"/> Current Rental Agreement of Service Premises	<input type="checkbox"/> Driver's License/ California IC Card for Account Holder	
<input type="checkbox"/> Proof of Hardship can include but is not limited to: job loss, unexpected expense, police report of theft, loss of fixed income, sudden change in living condition, COVID-19 related unemployment verification, reduction in hours, layoff notification, time without pay to care for COVID-19 positive or at-risk family members, self-employment income loss during pandemic, etc.			

Household Income Eligibility:

Preferred documents to submit for income verification are:

- 2019 IRS Form 1040, 1040 A or, 1040 EZ, SSA 1099, or 1099 SR
- 2019 Social Security Statement,
- 2019 L & I Disability or Pension Statement
- 2020 Pay Stubs for the previous 2 months of application
- Unemployment Insurance Award
- Proof of SNAP eligibility

PROOF OF INCOME, HOUSEHOLD OCCUPANCY SUMMARY AND COPY OF CITY ELECTRIC BILL MUST ACCOMPANY THIS APPLICATION

I understand the City Lodi reserves the right to request verification of continued economic need at any time, that I must notify the City of Lodi of any changes that may affect my eligibility. This application is valid as of the date of eligibility. Should a second payment assistance request be needed, a new application must be completed. By signing below, I certify under penalty of perjury that I am 18 years or older and the information contained in this application is true and correct under the laws of the State of California.

X _____ X _____
 Applicant's Signature Date

OFFICE USE ONLY

Processed By: _____ Total Monthly "Gross" pay: \$ _____

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DECLARATION OF NO INCOME

Complete this form if you are 18 years of age or older and claim no income.

APPLICANT INFORMATION (person who is applying for assistance): *please print or type*

Name (as it appears on your bill)

Account Number:

Date:

Home Address (Do not use PO Box)

Apt/Unit #

City, State, Zip Code

MEMBER OF HOUSEHOLD INFORMATION (person residing at residence above who is claiming no income): *please print or type*

Name (full legal name)

Mailing Address (if different from above)

Apt/Unit #

City, State, Zip Code

Home Phone

Work/Message Phone

Relationship to Applicant:

Briefly describe how shelter, food, utilities and other bills are paid for:

DECLARATION: *please read and sign*

I understand the City of Lodi reserves the right to request verification of continued economic need at any time, that I must notify the City of Lodi of any changes that may affect my eligibility, that this application is valid for twelve (12) months from date of eligibility, and that I must renew my application every twelve (12) months. By signing below, I certify under penalty of perjury that I am 18 years or older and the information in this application is true and correct under the laws of the State of California.

Household Member's Signature

Date