

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



Complete and return the completed Application to:

**Salvation Army, 525 W. Lockeford Street, Lodi, CA 95240 or Community Partnership for Families, 100 E. Pine Street Lodi, CA 95240**

**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"/><br>LEU Account Number        | <input type="checkbox"/><br>Family income complies with guidelines and I wish to continue with the application. | <input type="checkbox"/><br>Family income exceed these guidelines. I don't qualify for this program. | <input type="checkbox"/><br>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"/><br>Current Utility Statement | <input type="checkbox"/><br>Current Rental Agreement of Service Premises  | <input type="checkbox"/><br>Driver's License/ California IC Card for Account Holder                  | <input type="checkbox"/><br>I currently receive CalFresh.   |

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:

- 2022 IRS Form 1040, 1040 A or, 1040 EZ, SSA 1099, or 1099 SR
- 2022 Social Security Statement
- 2022 L & I Disability or Pension Statement
- 2022 Pay Stubs for the previous 2 months of application

**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 \_\_\_\_\_  
Applicant's Signature

X \_\_\_\_\_  
Date

**OFFICE USE ONLY**

Processed By: \_\_\_\_\_

Total Monthly "Gross" pay: \$ \_\_\_\_\_

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**HOUSEHOLD OCCUPANCY SUMMARY**

Please list below the name and age of ALL PERSONS residing in the household and return this page with your CARE application.

**APPLICANT INFORMATION** (account holder (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 |

**RESIDENT'S INFORMATION** (all persons residing in the household): *please print or type*

|                        |     |
|------------------------|-----|
| Name (Full Legal Name) | Age |
| Name (Full Legal Name) | Age |
| Name (Full Legal Name) | Age |
| Name (Full Legal Name) | Age |
| Name (Full Legal Name) | Age |
| Name (Full Legal Name) | Age |
| Name (Full Legal Name) | Age |
| Name (Full Legal Name) | Age |
| Name (Full Legal Name) | Age |
| Name (Full Legal Name) | Age |

**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. 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. \_\_\_\_\_  
 Applicant's Signature

X \_\_\_\_\_  
 Date

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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