



Low-Income Discount Eligibility Application

The Long Beach Utilities Department (LBUD) provides a 20% discount on the monthly gas bill for eligible households. To apply for this discount, please complete this application and submit with the required documents to the address provided. The discount will be applied once your completed and signed application is approved by LBUD.

Conditions For Participation:

- The city utility bill is in your name and the address must be your primary address.
- You must not be claimed as a dependent on another person's income tax return other than your spouse.
- The annual gross Maximum Household Income does not exceed the applicable value in the chart below.
- You will notify LBUD within 30 days if you no longer qualify for this rate: and,
- You understand that you must reapply for the Low-Income Gas Discount Program every two years (otherwise the discount will be cancelled until your new application is received. Discount will not be retroactive.).

Non-Profit Group Living Facilities are eligible if the following conditions are present:

- The facility has separate gas meter.
- Each resident meets the low-income eligibility standard for a single person household; and,
- 70% of the energy consumed on the low-income gas discount rate must be for residential purposes; and,
- A copy of the most recent Non-profit Tax ID form 501 (c)(3), current California Adult Residential Facility License and/or Condition Use Permit for Homeless Shelter must be provided.

HOW TO QUALIFY FOR THE LOW INCOME GAS DISCOUNT

PUBLIC ASSISTANCE PROGRAMS
If you or someone in your household participates in any of these programs:
Medicaid or Medi-cal, Healthy Families A&B, Women, Infants & Children (WIC), CalWORKs (TANF), Tribal TANF, Head Start Income Eligible - Tribal Only, Bureau of Indian Affairs General Assistance, CalFresh/SNAP (Food Stamps), National School Lunch Program (NSLP), Low Income Home Energy Assistance Program (LIHEAP and/or Supplemental Security Income (SSI)

OR

MAXIMUM HOUSEHOLD INCOME* Effective June 1, 2024	
Number of Persons in Household	Total Annual Income
1-2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
Each additional household member please add	\$10,760
*Current household income from <u>all</u> sources before deductions	

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ភាសាផ្សេង សូមទាក់ទងទូរសព្ទលេខ

562-570-2068

Para solicitar este aviso en otro idioma, llame al

562-570-2068

Para hilingin ang abisong ito sa alternatibong

wika, pakitawagan ang 562-570-2068



Please use **DARK** ink and print clearly to ensure proper processing.

Fill out information as shown on your Utility Bill.

Residential

Non-Profit Group Facility

Account Number:

Account Number input boxes

Residential checkbox

Non-Profit Group Facility checkbox

Customer Name:

Home Address

(street, city, zip):

Phone Number:

Phone Number input boxes

Email:

Total # of Adults and Children in your household: 1 2 3 4 5 6 If more than 6:

Total # of Adults and Children input box

Are you (or someone in your household) enrolled in any of the following assistance programs?

YES (If yes, mark the program(s) of participation. Please provide a COPY for verification):

- Medi-cal / Medicaid: Under Age 65
Medi-cal / Medicaid: 65 or older
Healthy Families Categories A & B
Women, Infants and Children Program (WIC)
CalWORKs (TANF) or Tribal TANF
CalFresh / SNAP (Food Stamps)
Low Income Home Energy Assistance Program (LIHEAP)
Supplemental Security Income (SSI)
National School Lunch Program (NSLP)
Bureau of Indian Affairs General Assistance (BIAGA)
Head Start Income Eligible - Tribal Only

NO What is your yearly household income (before deductions, including all members of the household)?

- \$0 - \$40,880
\$40,881 - \$51,640
\$51,641 - \$62,400
\$62,401 - \$73,160
\$73,161 - \$83,920
If more than \$83,921 per year, enter amount here:

Please mark your sources of income (please provide a COPY for verification):

- Social Security
SSP or SSDI
Pensions
Interest of Dividends from: Savings, Stocks, Bonds or Retirement Accounts
Wages and/or Profit from Self Employment
Unemployment Benefits
Insurance or Legal Settlements
Disability or Workers Compensation Payments
Spousal or Child Support
Scholarships, grants or other aid used for living expenses
Rental or Royalty Income
Cash or Other Income

I declare the information I have provided in this application is true and correct. I agree to provide further proof of income if requested. I agree to inform LBUD if I no longer qualify to receive the discount. I understand that if I receive the discount without meeting the qualifications, or fail to provide proof of income, I may be required to pay the City of Long Beach for all discounts I received.

Signature

Date

Please mail your application with copies of your income qualifying documents to:

Long Beach Utilities Department
Attn: Low Income Gas Discount Program
2400 East Spring Street, Long Beach, CA 90806
(562) 570-2068