

Low Income Financial Assistance (LIFA) Application
Fiscal Year 2019-20

Declaration of Eligibility:

I apply for and declare eligibility for Low Income Financial Assistance (LIFA). Upon approval of my application, I will be eligible for a 15% discount on the current residential water rates as applies to my qualifying residence.

I understand that in order to qualify for this assistance, I must be a full-time resident owner of the subject property. Furthermore:

- I must show proof of gross annual income. A copy of the previous year **Federal income tax return is required**; proof of other income may be required. I must meet the financial eligibility standards as stated in this application.
- I understand gross income includes that of all persons living in my home including, but not limited to: Wages, Child Support, Alimony, Interest Income, Rental Income, AFDC, SSI, SSP, Social Security, Veteran’s pay, Disability, Unemployment, Retirement Income, and Public Assistance.
- I am required to notify the District within 30 days if I become ineligible for this program either by income, occupancy or residency standards.
- Discount is not retroactive and will be effective the first billing cycle after approval.
- I am responsible for renewing my eligibility application annually by August 1.

Financial Eligibility Standards

Number of Persons in Household	Total Gross Annual Income
1 –2	\$33,820
3	\$42,660
4	\$51,500
for each additional person	add \$8,840

Applicant Name: _____ Account: _____

Service Location: _____ APN #: _____

Mailing Address: _____ Phone Number: _____

City: _____ State _____ Zip: _____

I declare under penalty of perjury that I am the resident owner of the service location and that I understand the eligibility requirements of this application and declare the forgoing to be true and correct.

Applicant Signature: _____ Date: _____

FOR DISTRICT USE ONLY	CYCLE	1	2	3	4	Date: _____
Approved: Yes No	By: _____	If Rejected, Reason: _____				