

**Low Income Financial Assistance (LIFA) Application
Fiscal Year 2023-24**

Please review eligibility requirements on the reverse side before completing the below application.

Applicant Name: _____ Account: _____

Service Location: _____ APN #: _____

Mailing Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

1. Total Number of persons in your household (include yourself, other adults, and children)

1 2 3 4 5 6 If more than 6:

2. Include a copy of your most recent income tax return, or statement of benefits from all income sources. Check appropriate income sources, and household income below.

Income sources (check all that apply)
<input type="checkbox"/> Wages, pensions, interest or dividends
<input type="checkbox"/> Social Security, SSI, SSP
<input type="checkbox"/> Disability, VA disability, workers' compensation
<input type="checkbox"/> Unemployment, general assistance
<input type="checkbox"/> Medi-Cal, Medicaid
<input type="checkbox"/> Child or spousal support
<input type="checkbox"/> CalWORKs, WIC, TANF (AFCD), CalFresh

Gross Annual Income
<input type="checkbox"/> \$0 - \$39,440
<input type="checkbox"/> \$39,440 - \$49,720
<input type="checkbox"/> \$49,720 - \$60,000
<input type="checkbox"/> \$60,000 - \$70,280
<input type="checkbox"/> \$70,280 - \$80,560
If more than \$80,560. enter the dollar amount here: \$ _____

3. Renew application each year by August 1st, to maintain your discount.

Declaration of Eligibility:

I apply for and declare eligibility for Low Income Financial Assistance (LIFA). I declare under penalty of perjury that I am the resident owner of the service location or authorized tenant and declare the forgoing to be true and correct.

Applicant Signature: _____ Date: _____

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

**Low Income Financial Assistance (LIFA) Program
Fiscal Year 2023-24**

The Big Bear City Community Services District (District) offers the Low Income Financial Assistance (LIFA) program to eligible customers for a 15% reduction in their bimonthly base rate, tier 1 and 2 water usage. No discount is available for tier 3 water usage. For the purposes of the program, "gross annual income" means all money and non-cash benefits, available for living expenses, from all sources, both taxable and non-taxable, before deductions for all people who live at the property.

Income Sources
including but not limited to:
Wages, pensions, interest or dividends from savings accounts, stocks, or bonds
Social Security, SSI, SSP
Disability, VA disability, workers' compensation
Unemployment, general assistance
Medi-Cal, Medicaid
Child or spousal support
CalWORKs, WIC, TANF (AFCD), CalFresh (Food Stamps)

Income Limits	
(effective June 1, 2021 to May 31, 2022)	
Number of persons in household	Maximum Gross Annual Income
1-2	\$39,440
3	\$49,720
4	\$60,000
5	\$70,280
6	\$80,560
each additional person	\$10,280

Conditions for Participation:

- Applicant must be full-time resident owner of the subject property, or listed as an authorized tenant on the water account.
- Subject property is a residence with a meter no larger than one (1) inch.
- Applicant will provide most recent Federal income tax return, or statement of benefits from all income sources to verify eligibility.
- Applicant may not be claimed as a dependent on another person's income tax return other than a spouse.
- Applicant will notify the District within 30 days if they become ineligible for this program either by income, occupancy, residency standards, or public assistance program participation.
- Discount is not retroactive and will be effective the first billing cycle after approval.
- Eligibility application must be renewed by August 1st each year to maintain the discount.

Please call our office at (909) 585-2565, if you have any questions regarding program eligibility. Completed applications and proof of eligibility can be submitted:

- In person at 139 E. Big Bear Blvd., Big Bear City, CA, 92314, M-F 8:00 a.m. – 4:30 p.m., except on District holidays;
- Faxed to (909) 585-0025; or
- Mailed to P.O. Box 558, Big Bear City, CA, 92314.