

# City of Gonzales



Small town, big heart!~; Pueblo chico, corazón grande!

### **Utility Assistance Program**

The City of Gonzales is offering a Utility Assistance Program for low income individuals who qualify. This program provides an annual discount of \$180 to qualifying residents. The program is on a first – come basis as funding is available. The Utility Assistance Program is not retroactive. The program will open on October 1<sup>st</sup> of every year and applications are due November 30<sup>th</sup> at 5pm. If approved, rebates will be given in December as a credit on your utility bill.

#### **QUALIFICATIONS**

- 1) The utility bill must be in your name.
- 2) You must live at the address where the discount will be received.
- 3) Someone in your household must be enrolled in a qualified public assistance program.
- 4) You will be required to provide proof of eligibility.
- 5) This program is for residential customers who have individually metered households. If you live in a multifamily structure serviced by one master or shared meter, then the program does not apply to you.
- 6) You are required to reapply to the program every two years.
- 7) You cannot have more than two (2) penalties in the 12 months preceding the month the rebate is given. This includes late fees and overdraft fees.
- 8) You must notify the City of Gonzales if your household no longer qualifies for the low-income discount.

#### **QUALIFIED ASSISTANCE PROGRAMS**

You are eligible if someone in your household is enrolled in one or more of the following assistance programs:

Bureau of Indian Affairs General Assistance	Medicaid/Medi-Cal for Families A & B	
CalFresh SNAP	National School Lunch Program (NSLP)	
CalWORKS/Temporary Assistance for Needy Families (TANF)	Supplemental Security Income (SSI)	
CARE (gas & electric company discount	Tribal TANF	
Head Start Income Eligible (Tribal only)	Women, Infants, & Children Program	
	(WIC)	
Low-Income Home Energy Assistance Program (LIHEAP)		

For questions regarding your application or required documents, please contact City of Gonzales at 831-675-5000 or come to City Hall during normal business hours, Monday through Friday from 8:00AM to 5:00 PM.



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### **Utility Assistance Program Application**

STEP 1: CUSTOMER INFORMATION				
Name (on water bill):	Date:			
Service Address:		Phone:		
Mailing Address: City:				
	STEP 2: ELIGIBILITY			
	STEF 2: ELIGIBILITY			
1) Someone in my household is enro	olled in one or more of the following	(select all that apply	y):	
<ul> <li>□ Bureau of Indian Affairs         General Assistance</li> <li>□ CalFresh SNAP</li> <li>□ CARE (gas &amp; electric company discount)</li> <li>□ Head Start Income Eligible (Tribal only)</li> </ul>	□ Low-Income Home Energy Assistance Program (LIHEAP) □ Medi-Cal for Families A & B □ National School Lunch Program (NSLP) □ Supplemental Security Income (SSI) □ Tribal TANF □ Women, Infants, & Children (Program (WIC))		s, & Children	
	STEP 3: DECLARATION			
By signing this application, I certify that all information and supporting documents provided for this application are true and correct. I agree to provide proof of eligibility if asked. I agree to notify the City of Gonzales if I no longer qualify for the Low – Income Utility Assistance. I understand that if I receive the discount without qualifying for it, I will be required to pay back the discount I received.				
Applicant Signature		Date		
Office Use Only:				
Date & Time Received:	Does the applicant q	ualify?	s 🗆 No	
Received By:	Are all documents at	ttached?	s □ No	