



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 \$200 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 September 10, 2025. Applications must be received by November 14, 2025 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 three (3) 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: _____ Zip Code: _____

STEP 2: ELIGIBILITY

1) Someone in my household is enrolled in one or more of the following (select all that apply):

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

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 qualify? ☐ Yes ☐ No

Received By: _____

Are all documents attached? ☐ Yes ☐ No