



LOW-INCOME ASSISTANCE PROGRAM APPLICATION FORM

NAME: (As it appears on your water bill)

ACCOUNT #:

SERVICE ADDRESS:

☐ This is my primary residence

CITY:

STATE:

ZIP:

PHONE NUMBER:

CELL PHONE:

EMAIL ADDRESS:

Check the utility CARE program(s) for which you currently qualify for. (Check all that apply)

☐

Southern California Edison

☐

Southern California Gas Company

***Attach a copy of your most recent utility bill showing enrollment in their CARE program and submit with this application.**

DECLARATION AND SELF-CERTIFICATION STATEMENT:

I declare that the information that I have provided in this application is true and correct. I agree to provide proof of eligibility upon request and to reapply every fiscal year (July 1-June 30). I agree to inform Rowland Water District if I no longer qualify for the program. I know that if I receive any discount without qualifying for it, I may be required to pay back the discount received.

SIGNATURE:

DATE:



MAIL IN COMPLETED APPLICATION TO:

Rowland Water District
c/o: Low-Income Assistance Program
3021 Fullerton Road
Rowland Heights, CA 91748

DISTRICT USE ONLY:

Date Received

Documentation Provided:

Approved: YES ☐ NO ☐ Effective Date:

Approved By:

Meter Size:

Reason for Ineligibility: