



# 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. 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:

<b>Date Received</b>	<b>Documentation Provided:</b>
<b>Approved: YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>Effective Date:</b>	
<b>Approved By:</b>	<b>Meter Size:</b>
<b>Reason for Ineligibility:</b>	