

City of Gardena
Administrative Services
Revenue & Collections Office
1700 West 162nd Street, Room #104
Gardena, CA 90247
(310) 217 - 9521



FOR OFFICIAL USE ONLY

Approved Denied

Remark: _____

By: _____

Date: _____

**CITY OF GARDENA
SEWER LIFELINE REBATE PROGRAM (SLRP) APPLICATION**

Please complete and return to the City of Gardena, Revenue and Collections Office, Room #104, 1700 West 162nd Street, Gardena CA, 90247.

APPLICANT: _____
(Last Name) (First Name) (Initial)

SERVICE ADDRESS: _____ Gardena, CA _____
(Street Number and Name) (Zip)

TELEPHONE NUMBER (if we need to verify information): _____

GOLDEN STATE WATER ACCOUNT # _____ (11-digit number from your water bill)

REBATE AMOUNT: Monthly Fixed Sewer Rate \$ _____ x 50% x _____ Months =

ALL BOXES MUST APPLY TO QUALIFY FOR THE REBATE:

- 1. I live in the residence qualifying for rate assistance
 - a. I rent this residence (name must appear on the water bill)
 - OR**
 - b. I own this residence
- 2. I receive GSW water service
 - Please include a copy of your recent water bill. (If service is paid through your mobile home park on your space rental bill, please submit a copy of that bill)
- 3. I am a senior, veteran or currently participate in CARE program
 - a. I am a senior, at least 60 years of age or older (please include a copy of your ID)
 - OR**
 - b. I am a veteran and a head of household (please include a copy of your DD Form 214/215)
 - OR**
 - c. I am currently participating in CARE program with a utility company (please include a copy of your recent utility bill)
 - OR**
 - d. I am qualifying under CARE program criteria (please see back for more details and instructions)

I hereby claim a rebate for the monthly fixed sewer use fee pursuant to Section 13.26.070 of the Gardena Municipal Code. I state that the information I have provided in this application is true and correct. I understand that if I receive the rebate without qualifying for it, I may be required to pay back the rebate I received.

(Signature)

(Date)

CITY OF GARDENA
SEWER LIFELINE REBATE PROGRAM (SLRP) APPLICATION – INSTRUCTIONS

Any single family residential unit where the individual who is the head of household is either sixty years of age or a veteran or qualify under the California Alternative Rates for Energy (CARE) program criteria below shall receive 50% rebate on the monthly fixed sewer charge. To qualify for this rebate, the application form must be completed and returned to the Revenue and Collections Office, along with a copy of the requested documents based on your selected qualifying option. You may be required to provide additional statements or documents if requested to verify the accuracy of the information you have provided. For more information, please contact the Revenue and Collections Office at (310) 217-9521 or visit the office located in the City Hall Room 104, 1700 West 162nd Street, Gardena, CA 90247.

CARE PROGRAM ELIGIBILITY

Please check box 3 (d) on the application form if you qualify under CARE program based on option 1 or 2 below.

1. PUBLIC ASSISTANCE PROGRAM ELIGIBILITY:

If you or someone in your household participate in any of the Public Assistance Program in this section, please provide documentation to prove that you are currently receiving the assistance.

Medi-Cal / Medicare	WIC	National School Lunch Program (NSLP)
CalFresh/SNAP (Food Stamps)	LIHEAP	Bureau of Indian Affairs General Assistance
CalWorks (TANF)	Supplemental Security Income (SSI)	Head Start Income Eligible

2. INCOME ELIGIBILITY:

Number of persons in my household: + =
Adults *Children* *Total*

Total combined gross annual household income: \$

For example: Current monthly income x 12 months = annual household income

The definition of “gross (before taxes) household income” is all the money and noncash benefits, available for living expenses, from all sources, both taxable and nontaxable, for all people who live in my home. Subject to verification by the City of Gardena.

Effective June 1, 2017 to May 31, 2018
 California Public Utilities Commission - CARE Income Guidelines

Household Size	Income Eligibility Upper Limit
1-2	\$32,480
3	\$40,840
4	\$49,200
5	\$57,560
6	\$65,920
7	\$74,280
8	\$82,640
Each Additional Person	\$8,360