

The Los Angeles Department of Water and Power (LADWP) offers a residential Low Income Discount Program (LIDP) rate for customers within qualifying income levels. This rate reduces the cost of electricity, water, and sewer services for the participants' permanent, primary residence.

"Income" shall be defined as the combined gross income, whether taxable or non-taxable, of **all** persons who live in the household, which includes but is not limited to: the total income from salaries, wages, child support, alimony, Aid to Families with Dependent Children, Social Security income, spousal support payments, veteran benefits, disability, unemployment, retirement, cash, tips, public assistance, food stamps, and all employment-related non-cash income. Current income requirements can be found at ladwp.com/lowincome.

To establish eligibility you must complete the enclosed application and return it, along with any supporting proof of income for each individual in the household, to the LADWP.

Applicants may receive the discount only after LADWP verifies their application. The applicant must be the customer of record with LADWP and cannot be claimed on another person's Income Tax Return as a dependent. Applicants will be required to recertify every three years.

Proof of income for each member of the household must be included with the completed application. Proof of income is a copy of any one of the following:

- Previous year State or Federal Income Tax Return; or
- Previous year Social Security Benefit Statement; or
- Copy of previous year Social Security Check or SSI check; or
- Previous year SSI Disability Award Letter; or
- Award Letter (Notice of Action) for CALWORKS, CAPI, General Relief, or Food Stamps; or
- Paycheck stubs; or
- Unemployment Benefits;
- If none of the above are applicable, you must provide a NOTARIZED LETTER from your employer stating income.

You may apply for a low income discount in one of the following ways, please make sure to include proof of income documents:

- Online at www.ladwp.com/lowincome
- Fax: 213-241-1465
- Mail: Los Angeles Department of Water and Power
LIDP, Room L63, P.O. Box 515407, Los Angeles, CA 90051-6707

If you have questions, please visit www.ladwp.com/lowincome or call us at: 1-800-342-5397 (Hearing/Speech Impaired Customers: 1-800-735-2922).



Low Income Discount Application Form



LIAPP2014

Residential Customer:

Thank you for your interest in participating in the City of Los Angeles Low Income Discount Program (LIDP). Customers participating in this program are required to verify and declare their eligibility on a recurring basis or they will be removed from the program. **Customers who do not provide proof of income, or households not meeting the eligibility guidelines will not be eligible for the program or for renewal.**

- Apply online via <http://www.ladwp.com/> go to the residential tab, select the financial assistance tab, then Discount rates.
- Fax: 213-241-1465
- Mail: Los Angeles Department of Water and Power
LIDP, Room L63, P.O. Box 515407, Los Angeles, CA 90051-6707

1. Applicant Information:

Account Number: New Applicant: or Renewal:
(Required)

LADWP Customer of Record Name: Last Name Initial

First Name Last (4) Digits of Social Security Number

Service Address: Street Number Only Street Name
Apartment Number

Home Telephone Number: Mobile Telephone Number:

2. Income Information:

Number of People Living in Household: Total Adults Children

Combined Gross Annual Household Income: \$

3. Declaration: Please read and sign below.

I state that the information I have provided in this application is true and correct. I agree to provide proof of LIDP eligibility if asked or be removed from the program. I agree to inform LADWP if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. By affixing my signature, I hereby expressly consent to the LADWP sharing the information that qualifies me for the LIDP with other utilities or agencies for the purpose of enrolling me in their similar low income assistance programs. I hereby authorize credit reporting agencies and other data providers to provide a consumer report, including my personal credit profile and other pertinent information, to LADWP to determine my potential and continued eligibility for LADWP's Low Income Discount Program. I understand that this information is used solely to determine eligibility for the discount program, and **will not** affect my credit score.

Signature

Date

**PLEASE PLACE THIS SHEET ON TOP OF YOUR
PROOF OF INCOME ATTACHMENT(S) WHEN FAXING**
(Each attachment must be one-sided and on a separate sheet)

10 Digit Account Number

--	--	--	--	--	--	--	--	--	--

Customer Name _____

Service Address _____

**PLEASE FAX TO:
213-241-1465**

**PLEASE MAIL TO:
LOS ANGELES DEPARTMENT OF WATER AND POWER
LIDP - ROOM L63
P.O. BOX 515407
LOS ANGELES, CA 90051-6707**



UCVRSHT

UTILITY USER'S TAX EXEMPTION/ELECTRIC & WATER LIFELINE RATE APPLICATION

(Los Angeles City Residents Only)

Please PRINT all information legibly
Mail completed application to:

OFFICE OF FINANCE
UTILITY TAX EXEMPTION UNIT
P.O. BOX 53233
LOS ANGELES, CA 90053-0233

CHECK ONE: I AM FILING AS
 New Application Senior Citizen
 Name Change Disabled Citizen
 Address Change
 Re-Certification

FOR OFFICE USE ONLY			
DATE Received	MONTH	DAY	YEAR
Account Number			

First Name	Middle Initial	Last Name
Service Address	Apartment No./Space	
City	State	Zip Code
Mailing Address (if different from above)	Apartment No./Space	
City	State	Zip Code

SINGLE RESIDENCE MOBILE HOME

Area Code: Phone Number

Day Time Phone

MM DD YYYY

Date of Birth

PLEASE ENCLOSE A PHOTOCOPY OF YOUR MOST RECENT UTILITY BILL FOR EACH UTILITY FOR WHICH YOU ARE REQUESTING AN EXEMPTION. THE EXEMPTION CANNOT BE GRANTED IF THE NAME THAT APPEARS ON THE UTILITY BILL IS NOT THE SAME AS THE APPLICANT'S NAME

<input type="checkbox"/> Dept. of Water & Power	First Name	Middle Initial	Last Name
Is service included in your rent?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Account Number		
Number of People in Household? <input type="checkbox"/>	Lifeline services requested:	<input type="checkbox"/> Electric	<input type="checkbox"/> Water

<input type="checkbox"/> Southern California Gas	First Name	Middle Initial	Last Name
Is service included in your rent?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Account Number		

<input type="checkbox"/> Landline Telephone Service Provider	First Name	Middle Initial	Last Name
Service Company Name			

Residence Telephone	Area Code: Phone Number:	Additional Telephone Within Same Household	Area Code: Phone Number:

<input type="checkbox"/> Cellular Telephone Service Provider:	First Name	Middle Initial	Last Name
Service Company Name			
	Phone Number		

Signature REQUIRED on Page 2

Certification

(Please read carefully)

1. I am a user of the utilities at my residential service address within the City of Los Angeles and am responsible for the payment of such utility bills which are all under my name;
2. I am either a:
 - a. **Senior Citizen** - 62 years of age or older, or a
 - b. **Disabled Citizen** - an individual shall be considered to be disabled if he or she is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.
3. The combined adjusted gross income (as used for purposes of the California Personal Income Tax Law) of all members of the household in which I reside is less than **\$41,800 for the prior calendar year**;
4. The amount of tax imposed on the above utilities is not paid by a public agency or from funds received from a public agency specifically for the payment of such tax.

PLEASE FOLLOW ALL INSTRUCTIONS BELOW AS INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED:

(To shorten the processing time of your application, please submit all of the following required documentation that applies to you, as a Senior or Disabled Citizen, along with this completed form and return to us immediately at the address indicated on the face of this form.)

IF YOU ARE A SENIOR CITIZEN, please submit:

1. Proof of Age - attach a copy of your California State Driver's License, Calif. State Identification Card, or other acceptable proof of age;
2. A copy of the entire City of Los Angeles Department of Water and Power (DWP) bill showing the applicant's name with the current service address (please do not send the payment portion only).
3. A copy of the entire Gas bill showing the applicant's name with the current service address (please do not send the payment portion only). If not applicable, please write "NONE."
4. A copy of the entire telephone bill (with the applicant's name, current service address, Los Angeles City Tax, and, if applicable, the page showing the long distance carrier (please do not send the payment portion only). If not applicable, please write "NONE."
5. Proof of income for applicant and each household member (as you have indicated on the application form) - For the calendar year prior to the fiscal year the exemption is applied for, please provide us a copy of the **California Resident Income Tax Return Form 540**, Social Security Benefits Statement, award letter of the amount of SSI benefits received, award letter from General Relief, or Cal Works/AFDC (entire copy). If none of the above are applicable, you must provide a **NOTARIZED LETTER** stating income. **Note: We will not accept copies of checks from any County, W-2, Statement of Earnings and Deductions [pay stub] or the Federal Income Tax Return Form 1040.**

IF YOU ARE A DISABLED CITIZEN, please submit:

1. Proof of disability - a recent (within the last 2 years) certification signed by a licensed physician attesting that you are physically and/or mentally disabled which can be expected to result in death or to be of long-continued and indefinite duration, hence, unable to engage in substantial gainful employment,
AND
2. All of the required items under "Senior Citizen" (see above), except item number 1, Proof of Age.

Persons who qualify for the DWP portion of this program may qualify for a Solid Resources Fee discount. Eligibility will be reviewed on a bi-annual basis. For new applicants, the DWP Lifeline Discount Rate will become effective the first full billing period after the approved application is received by DWP. Existing customers will continue to enjoy the discounted rate as long as they maintain eligibility. Please notify the Office of Finance of any change in information provided on this application. A new application must be completed within 90 days when there is a change of name or address in order to maintain your exemption. A change of apartment in the same building is a change of address. If you have any questions regarding this application form, please call the Utility Tax Exemption Unit (213) 978-3050/ TTY (213) 978-1532. When calling from the (818) area code, please call (818) 756 8121 then proceed to dial 978-3050/ TTY (213) 978-1532. For DWP Lifeline Rate questions, please call 1-800-342-5397.

I certify, under penalty of perjury under the laws of the state of California, that the information I have provided in this application is true and correct. By completing this form and submitting it to the Office of Finance in an electronic format, such as email, I agree that the form has the same legal effect as a form submitted by U.S. Mail or in person. I agree that the Office of Finance and the Los Angeles Department of Water and Power can share my information with other utilities or agencies to enroll me in their assistance programs. I understand that my information will be shared only with agencies that offer discount programs that have agreed to keep the information confidential. I also agree that the aforementioned form legally represents a document sent by me or my legal representative.

I DO NOT want to participate in other discount programs even though I may qualify, so please DO NOT share my information.

SIGNATURE

--

DATE

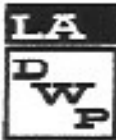
MONTH

DAY

YEAR

--	--	--	--

Code C0185
rev. 07/2019



APPLICATION FOR LIFE-SUPPORT EQUIPMENT DISCOUNT

- INSTRUCTIONS: 1. Please print all information in capital letters using black or dark blue ink only. 2. Please have your Doctor complete the reverse side. 3. Mail completed application to:

Los Angeles Department of Water and Power P. O. Box 515407, Room L63 Los Angeles, CA 90051-6707

LADWP Account Name: Last Name, First Name, Account Number, Initial

Service Address: Street Number Only, Street Name, Apartment Number, City, State, Zip Code

Residence Phone Number, Cellular Phone Number, Alternate Phone Number, Email Address

Patient's Name: Last Name, First Name, Initial

IMPORTANT INFORMATION

- 1. Prior to approval, this application is subject to review by a Los Angeles Department of Water and Power (LADWP) medical doctor and will be reviewed periodically thereafter. 2. As part of this application, the applicant agrees to maintain telephone service to the premises. Failure to do so will result in cancellation of this discount. 3. An LADWP representative may visit the premises to verify the device specification, and must be allowed access. Failure to do so will result in cancellation of this discount. 4. A new application must be filed with the LADWP every two (2) years or when there is a medical status change, change of address, or change in the use of the life-support equipment. Failure to do so will result in cancellation of this discount. 5. Approval of this application by LADWP entitles the customer to the Life-Support Discount, but does not guarantee an uninterruptible power supply to the premises. 6. In the event of an outage, priority in restoration will be given to circuits serving Life-Support customers. However, LADWP does not guarantee that restoration will be accomplished within the Life-Support patient's tolerance time. 7. Life-Support customers are strongly recommended to obtain an independent power back-up system. 8. The Life-Support Equipment Discount does not absolve you of your obligation to pay your water and/or electric bills, nor does it exclude you from possible collection activity or termination of service due to non-payment. 9. You may qualify for additional discounts. For information regarding our Senior Citizen or Disabled Citizen Lifeline Rate, and Paraplegic, Quadriplegic, or Multiple Sclerosis Discount, please call us at (800) 342-5397, or visit www.ladwp.com/lifeline.

AGREEMENT

I, the undersigned, a customer of the City of Los Angeles Department of Water and Power (LADWP), hereby claim eligibility and make application for the electric rate discount for life-support devices within home usage. The device used in my home is essential life-support equipment powered by electricity supplied by LADWP.

I hereby grant LADWP right of access to my residence at any reasonable time for verification of information given in this application. I understand that refusal of access for this purpose will be considered just cause for rejection of this application in its entirety. I agree to notify LADWP at the immediate termination of use of the life-support equipment, change in medical status (including tolerance time), or change of address.

All information contained in this application is true to the best of my knowledge. I understand that any misinformation may lead to the rejection of this application in its entirety.

Signature of LADWP Account Holder, Date

STATEMENT OF CERTIFICATION

To be completed by a Medical Doctor or Osteopath licensed to practice medicine in the State of California

PLEASE PRINT ALL INFORMATION LEGIBLY and ANSWER ALL QUESTIONS COMPLETELY

1. What is the patient's diagnosis? (If more than one, list all) _____
2. Describe equipment required by the patient: _____
3. Does the equipment require an uninterrupted flow of water to operate properly? YES NO
4. To be eligible for a rate discount, essential life-support equipment must be involved. Such equipment is defined as any medically-oriented object or device used to monitor or treat an individual without which life could not be maintained beyond a reasonable time. In your opinion, does the above-described equipment meet these criteria? YES NO
5. How long has the patient been using the life-support equipment at his/her present address? _____
6. How long will the patient be required to use such equipment? (Please provide specific date, if there is one.)
_____ Days _____ Weeks _____ Months _____ Years Other _____
7. What is the distance from the patient's home to the nearest hospital? _____
8. Is there any electrically powered special equipment needed to support the major life-support equipment? YES NO
9. Can the electrically-powered equipment be operated on an auxiliary source such as a hand pump (crank) or battery?
(Please explain.) _____
10. In case of emergency, what is the longest tolerance time your patient can survive without the use of the equipment without producing death or serious physiological damage? (This answer requires a tolerance time be provided in "hours" and/or "minutes.") _____ Hours _____ Minutes
11. What emergency instructions have been given to the patient or equipment operator should an electrical power outage occur?
(Please explain.) _____

I hereby certify that (patient's name - First, MI, Last) _____ regularly requires the use of the equipment powered by electricity supplied by the City of Los Angeles Department of Water and Power.
This use is temporary permanent

Doctor's Name:	Last Name <input type="text"/>	Initial <input type="text"/>	
	First Name <input type="text"/>	License Number:	<input type="text"/>
Address:	Street Number Only <input type="text"/>	Street Name <input type="text"/>	
	Apartlment Number <input type="text"/>	<input type="text"/>	
	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
Telephone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
Doctor's Signature	<input type="text"/>	Date	<input type="text"/>

LADWP USE ONLY

Account Number

REC'D _____

EFF _____

Meter Read _____ Date Tagged _____ Approval YES NO

Department Representative _____

Comments _____



APPLICATION FOR PHYSICIAN CERTIFIED ALLOWANCE DISCOUNT

- INSTRUCTIONS:**
1. Please print all information in capital letters using black or dark blue ink only.
 2. Please have your Doctor complete the reverse side.
 3. Mail completed application to:

Los Angeles Department of Water and Power
 Account Services Unit
 P.O. Box 51111, Room L-63
 Los Angeles, CA 90051-5700

LADWP Account Name: Last Name Initial

First Name

Service Address: Street Number Only Street Name

Apartment Number

City State Zip Code

Residence Phone Number: Alternate Phone Number:

Patient's Name: Last Name Initial

First Name

IMPORTANT INFORMATION

1. This discount is available to any residential customer who provides verification by a state-licensed physician to the Department of Water and Power that a full-time resident of the premises served is a paraplegic, hemiplegic, quadriplegic, multiple sclerosis, neuromuscular, or scleroderma patient. The limited allowance is also available to an individual who has a compromised immune system, provided that a state-licensed physician certifies in writing to LADWP that an additional heating or cooling allowance, or both, is medically necessary in the person's full-time LADWP-serviced residence to sustain the life, or prevent deterioration, of the person's medical condition.
2. You may qualify for additional discounts. For information regarding our Life Support Device Discount, Senior Citizen or Disabled Citizen Lifeline Rate, please call us at (800) 342-5397.
3. Prior to approval, this application is subject to review by a Department of Water and Power medical doctor and will be reviewed periodically thereafter.
4. A new application must be filed with the Department when there is a medical status change or change of address.

AGREEMENT

I, the undersigned, as a customer of the Department of Water and Power (Department) in the City of Los Angeles, hereby claim eligibility and make application for the electric rate discount for paraplegic, quadriplegic, hemiplegic, multiple sclerosis, neuromuscular, scleroderma patient, or a person with a compromised immune system.

I understand that the individual who is a paraplegic, quadriplegic, hemiplegic, or a multiple sclerosis, neuromuscular, or scleroderma patient or a person with a compromised immune system, must be a full-time resident on the premises served.

I agree to notify the Department of any change in the above information.

All information contained in this application is true to the best of my knowledge. I understand that any misinformation could lead to disqualification for the discount.

Signature of LADWP Account Holder Date

STATEMENT OF CERTIFICATION

To be completed by a Medical Doctor or Osteopath licensed to practice medicine in the State of California

PLEASE PRINT ALL INFORMATION LEGIBLY and ANSWER ALL QUESTIONS COMPLETELY

What is the patient's diagnosis? (If more than one, list all) _____

PHYSICIAN'S VERIFICATION

I hereby certify that (patient's name - First, MI, Last) _____

- is a paraplegic (paralysis of lower half of the body with involvement of both legs)
 quadriplegic (paralysis of both arms and both legs)
 hemiplegic (paralysis of one side of the body)

- has multiple sclerosis
 neuromuscular disorder
 scleroderma
 compromised immune system

Doctor's Name: Last Name Initial

First Name

License Number:

Address: Street Number Only Street Name
Apartment Number

City State Zip Code

Telephone Number: Fax Number:

Doctor's Signature Date

DWP USE ONLY

Account Number

DATE REC'D _____

DATE COMPLETED BY
DEPARTMENT REPRESENTATIVE _____

APPROVAL YES NO L/S? EFFECTIVE DATE of DISCOUNT

Department Representative _____

Comments _____

