

1. CUSTOMER INFORMATION

Last Name _____ First Name _____

Mailing Address _____

City _____ State _____ Zip _____

SMUD Account Number _____

Number of people living in your home, including adults and children under 18.

How to Apply

1. Enter the number of people living in your home.
2. Enter the total monthly income for your household.
3. Attach a copy of your income documentation.
4. Sign and date the application, then mail it along with your income documentation to:

**Sacramento Municipal Utility District
 EAPR, M.S. A203
 P.O. Box 15830
 Sacramento, CA 95852-1830**

If you live in a mobile home park or your electricity is submetered, please contact your manager.

2. HOUSEHOLD INCOME

Household income includes money from all household members, from whatever source derived (taxable or non-taxable), including but not limited to:

- Wages
- Interest Income
- Disability Payments
- Unemployment Benefits
- Workers Compensation
- Social Security, SSI, SSP
- Pensions
- TANF (AFDC)
- Child Support
- Spousal Support
- Settlements

Total Monthly Household Income (Gross):

\$,

Eligibility Guidelines (effective June 1, 2008)

Persons in Household	Monthly Income	Annual Income
1 - 2	\$2,542	\$30,500
3	\$2,983	\$35,800
4	\$3,600	\$43,200
5	\$4,217	\$50,600
6	\$4,833	\$58,000
Additional Members	\$617	\$7,400

3. INCOME DOCUMENTATION

Please attach a copy of your income documentation for everyone living in your residence, including pay stub, benefit letter, or income statements. The documents will **NOT** be returned.

Yes, I have attached income documentation for everyone living in my home.

4. DECLARATION AND SIGNATURE

The information on this application will be used to decide and verify my eligibility for help. My signature gives consent for this information to be shared with other offices of the Federal, State, and County Governments, with my utility company, and with other utilities or their agents to enroll me in their assistance programs. I permit the proper change to my rate schedule and consent to annual eligibility verification. I declare, under penalty of perjury, that the information on this application is true and correct.

X _____
 Signature (person whose name appears on SMUD bill or spouse)

_____ Date