

Application for Energy Assistance Program Rate (EAPR)

Please include/attach current income documents to avoid a delay in processing your application.

CUSTOMER INFORMATION

Last Name		First Name	
Service Address and Mailing Address (if different than the service address)			
City	State	Zip	
SMUD Account Number	Or: Name of your Mobile Home Park (if your electricity is sub-metered)		

How to Apply

- Confirm your customer information (Name, Address, & Account Number).
- Please provide **ALL** sources of your income and attach **copies** of the income/sources documentation for all members of the household.
 - Enter the total number of adults and children living in the household (Including yourself).
 - Enter the total **GROSS** monthly income/sources for all members of the household.
 - All income/sources of money must equal the total reported gross income.
- Sign and date the application, then mail it along with your income documentation to:

Sacramento Municipal Utility District
EAPR, M.S. A104
P.O. Box 15830
Sacramento, CA 95852-0830

Eligibility Guidelines (effective June 1, 2018)

Persons in Household	Maximum Monthly Income (200% FPL*)
1	\$ 2,023
2	\$ 2,743
3	\$ 3,463
4	\$ 4,183
5	\$ 4,903
6	\$ 5,623
Each Additional members	\$ 720

FAQs

How current does my income/sources of money documents need to be?

The documents must be a minimum of two consecutive months within the last two months; outdated documents will not be accepted. If you're paid less than 12 months out of the year please indicate that information on your application.

How monthly income is calculated:

- **Weekly pay period** - Average *gross* pay multiplied by 52 pay periods in the year divided by 12.
- **Biweekly pay period** - Average *gross* pay multiplied by 26 pay periods in the year divided by 12.
- **Semi-Monthly pay period (1st - 15th and 16th - end of the month)** - Average *gross* pay multiplied by 24 pay periods in the year divided by 12.

Where can I get a benefit/award letter?

Most agencies/programs have web sites that you can verify and print your letter.

Social Security - www.ssa.gov

Employment Development Department (EDD) - www.edd.ca.gov

My Benefits CalWorks/CalFresh - www.mybenefitscalwin.org

Dept. Veterans Affairs - www.ebenefits.va.gov

Child Support - <http://www.childsup.ca.gov>

Sacramento Housing & Redevelopment Agency - shra.org

Subsidy Notice Housing Choice Voucher (HCV)

How long will it take for my application to be processed?

A completed application package is usually processed within 2-4 weeks of being received. After you've been enrolled, the Energy Assistance Program Discount will be displayed as a line item on your SMUD bill each month.

How long will I receive the discounted rate?

We typically ask customers to re-apply every 1 to 2 years. When it's time to re-apply, we'll mail a recertification application which will require current copies of income/sources of money/benefit documentation.

Will my income documents be returned to me?

We're not able to return your original documents, so please send COPIES of any income/sources of money/benefit documentation with your application.

What should I do if I no longer qualify for the discount?

If your income/sources of money or circumstances change, and you no longer qualify, please notify us by mail or give us a call at 1-888-742-7683 to update your account.

How is my discount calculated?

- Your maximum discount is based on how your household income compares to the Federal Poverty Level (FPL).

* What is the Federal Poverty Level (FPL)?

Federal Poverty Level (FPL) is used to determine financial eligibility for certain federal programs. The guidelines are issued each year in the Federal Register by the Department of Health and Human Services.

<https://aspe.hhs.gov/poverty-guidelines>



Please complete the back of this application before mailing to SMUD



INCOME/SOURCES OF MONEY DOCUMENTATION

If you or someone in your household participates in or receives income from any of the following:	You should send us a copy of:
Public Assistance Programs CalFresh/SNAP (Food Stamps), CalWorks (TANF, CAPI), Housing Assistance (SEC 8, Sacramento Housing & Redevelopment Agency (SHRA))	Award Letter(s) OR letter of participation in the program(s) that includes benefit amount.
Wages, Salaries, Tips, Commission, Bonus and mileage	Minimum of two consecutive paystubs within the last two months that display your name and pay period. If your pay is variable throughout the year, please provide more than 2 months of paystubs to allow for a more accurate average.
Social Security (SSI, SSA), Veterans Assistance, Retirement/Pension, Unemployment (EDD), Disability, Foster Care/Adoption funds	Award Letter(s) OR letter of participation in the program(s) that includes benefit amount.
Rental Income (home or room) or you have multiple SMUD accounts in your name.	Current Tax return form 1040 pages 1&2 and schedule E.
Self Employed/Corporations/Partnerships	Current Tax return form 1040 pages 1&2 and schedule C or E. (Income = Gross Income - 40% of Expenses). Both individual and business returns are required if filed separately.
Child and/or Spousal Support	Court documents or statement from Child Support Office.
Individual Retirement Account (IRA)/Annuity	If receiving payments from IRA, please provide withdrawal provision statement.
Insurance/Legal Settlements	Settlement Documents
Financial Aid/Grants/Scholarships	Award Letter(s)
Any aid or income used for living expenses (utilities, food, rent, etc.) Examples: paid in cash, odd jobs, babysitting, family assistance etc.	Signed letter listing frequency and amount of aid.

Total # of Adults (18 or over including yourself): + Total # of Children: = Total # in household

Total Monthly (**Gross***) income for everyone living in the household: \$

***Gross income is the total money or benefits received from any source before deductions, such as taxes.**

BILL ASSISTANCE CONTACTS:

- Home Energy Assistance Program (HEAP) may assist you with your utility payment. (916) 567-5200
- The Salvation Army offers a variety of assistance to local people in need. (916) 678-4010

DECLARATION AND SIGNATURE:

- The SMUD bill is in my name and the address listed is my primary residence.
- I permit proper change to my rate schedule and consent to annual eligibility verification.
- I agree to inform SMUD if I no longer qualify to receive the discount.
- 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 other utilities or their agents to enroll in their assistance programs.
- I am not claimed as a dependent on another person's income tax return.

I declare, under penalty of perjury, that the information on this application is true and correct.

Signature
(person whose name appears on the SMUD bill) Date

Applications submitted without signature and supporting documentation will be returned.

If you have any questions regarding appropriate income documentation, please visit our website at www.smud.org/LowIncome, or call 1-888-742-7683.