

# CITY OF MARTINEZ

## LIFELINE RATE QUALIFICATION FORM

### Lifeline Rate

Lifeline water rates will reduce the service charge for customers of the Martinez Water system who qualify. For reference, 1 unit = 748 gallons.

Lifeline rates are available to those persons who qualify under the following criteria:

- Have an annual household income of less than the HUD “very low” poverty level set for Contra Costa County, per year, based on the number of people per household; and
- Have historical usage for preceding 12-month period (or shorter if less than 12 months’ history) of no greater than 24 units on average per billing cycle for family of four, plus additional 6 units for each additional member; and
- Occupant of a single family dwelling, (served by a water meter of 1” or smaller); and
- Must recertify with the City Finance Division annually by the due date.

Annual household gross income “Very Low Level” (HUD figures for [2023](#)) as listed below:

<u>Number in Household (primary + dependents)</u>	<u>Annual Gross Income Allowed</u>
One	\$51,800
Two	\$59,200
Three	\$66,600
Four	\$73,950
Five	\$79,900
Six	\$85,800
Seven	\$91,700
Eight and up	\$97,650

### Proof of Income – Government Assistance

Any of the following will qualify (other programs may apply):

- Social Security
- SSP or SSDI
- Unemployment benefits
- Medicaid/Medi-Cal
- Supplemental Security Income (SSI)
- CalFresh/SNAP (Food Stamps)
- Low Income Home Energy Assistance Program (LIHEAP)
- Women, Infants and Children (WIC)



## CITY OF MARTINEZ WATER SYSTEM

### Lifeline Application

525 Henrietta St, Martinez, CA 94553  
waterbilling@cityofmartinez.org or (925) 372-3575

Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

Account Holder(s) Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone No. # \_\_\_\_\_

#### List ALL household members:

Name	Relationship to Account Holder	LEGAL Dependent of Account Holder? circle one	Provide Annual Income (if not a legal dependent)	Indicate Type of Government Assistance (see Lifeline Rate Qualification form for list of qualifying programs and attach photocopy)
	Account Holder	N/A		<input type="checkbox"/> Social Security <input type="checkbox"/> SSP or SSDI <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Other Govt Assistance _____
		Yes  No		<input type="checkbox"/> Social Security <input type="checkbox"/> SSP or SSDI <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Other Govt Assistance _____
		Yes  No		<input type="checkbox"/> Social Security <input type="checkbox"/> SSP or SSDI <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Other Govt Assistance _____
		Yes  No		<input type="checkbox"/> Social Security <input type="checkbox"/> SSP or SSDI <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Other Govt Assistance _____

For additional household members, see back.

Please mail back this form with supporting documents, and allow two weeks for processing. Lifeline rate will start on the first bill after the processing is completed. If approved, the Lifeline rate will be good through **June 30, 2024**.

I certify under penalty of perjury that the above information is true and accurate to the best of my knowledge and agree to immediately report any change in eligibility. I agree to repay any cost exemptions I receive while ineligible.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date