

# SACRAMENTO UTILITY RATE ASSISTANCE



## SAVE MONEY on your utility bill

The City of Sacramento offers a rate assistance program. If you are an income-eligible customer, you can get a monthly credit on your **water, sewer, 2022 storm drainage and garbage bill**. Your total annual savings can add up to over \$611 a year depending on the services you receive. Apply today!

### Does your household qualify?

If you answer yes to the statements below, you qualify for the Sacramento Utility Rate Assistance Program.

- Yes, I pay the City of Sacramento for water, sewer, 2022 storm drainage and garbage services **AND**
- Yes, I live at the property that receives these services and the City of Sacramento utility bill is in my name **AND**
- A** Yes, I participate in SMUD's Energy Assistance Program Rate **OR**
- B** My household meets the income eligibility requirements (see back of page)

### Declaration and Signature

- I will notify the City of Sacramento if I no longer qualify to receive the Sacramento Utility Rate Assistance credit on my water, sewer, 2022 storm drainage and garbage bill.
- I understand the City of Sacramento may share my information with municipal, state or federal agencies or other utilities to enroll me in their rate assistance programs.

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

Signature \_\_\_\_\_

(Person whose name is on the City of Sacramento water, sewer and garbage bill.)

Date \_\_\_\_\_

#### INTERNAL USE ONLY

APPROVED  DENIED DENIAL REASON: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_ PROCESSED BY: \_\_\_\_\_

### Simple Steps to Apply

If **A**, sign Declaration and Signature below and return application with a copy of your SMUD bill showing participation in the Energy Assistance Program Rate. SMUD bill must be dated within the past two months.

**Mail your application and SMUD bill to:**

**City of Sacramento, Department of Utilities  
Sacramento Utility Rate Assistance  
1395 35th Avenue  
Sacramento, CA 95822**

If **B**, complete customer information on back, attach copies of income documentation for all adults living at the service address, sign the Declaration and Signature and return the application with income documentation.

# SACRAMENTO UTILITY RATE ASSISTANCE APPLICATION

Skip this page if you participate in SMUD's Energy Assistance Program Rate. Otherwise, if you meet the income eligibility requirements, complete this page, sign the Declaration and Signature and return application.

## Customer Information

First name \_\_\_\_\_ Last name \_\_\_\_\_ Account # \_\_\_\_\_  
 Property address \_\_\_\_\_ Telephone \_\_\_\_\_

## Household Income Sources

Fill in all sources of household income. All monthly income sources must add up to the total household gross income. Attach copies of income documentation for all household members. Do not provide originals.\*

\*Do not provide original income documentation\*

**Total # of adults (18 or older) in your household:** \_\_\_\_\_

**Total # of children in your household:** \_\_\_\_\_

## Income Eligibility Requirements

| Persons in Household   | Monthly Income | Annual Income |
|------------------------|----------------|---------------|
| 1-2                    | \$3,607        | \$43,280      |
| 3                      | \$4,553        | \$54,640      |
| 4                      | \$5,500        | \$66,000      |
| 5                      | \$6,447        | \$77,360      |
| 6                      | \$7,393        | \$88,720      |
| 7                      | \$8,340        | \$100,080     |
| 8                      | \$9,287        | \$111,440     |
| Each Additional Member | \$947          | \$11,360      |

**If you have questions or need help completing your application, please call 916-808-5454.**

\* A current 1040, Pages 1 and 2, must be included as part of income documentation for each adult. If a household adult has no income, contact customer service for a zero income form to submit.

## Declaration and Signature

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- I understand the City of Sacramento may share my information with municipal, state or federal agencies or other utilities to enroll me in their rate assistance programs.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Person whose name is on the City of Sacramento water, sewer and garbage bill.)

Wages (4 weeks of paystubs within past 2 months) \$ \_\_\_\_\_  
 Child support . . . . . \_\_\_\_\_  
 Spousal/alimony support . . . . . \_\_\_\_\_  
 Retirement/pensions . . . . . \_\_\_\_\_  
 SSI/SSDI/SSA . . . . . \_\_\_\_\_  
 Unemployment compensations (pay slip) . . . . . \_\_\_\_\_  
 Disability . . . . . \_\_\_\_\_  
 Veterans benefits . . . . . \_\_\_\_\_  
 CalWORKS (cash aid) . . . . . \_\_\_\_\_  
 CalFresh (food stamps) . . . . . \_\_\_\_\_  
 TANF (AFDC) . . . . . \_\_\_\_\_  
 Self employment income (include Schedule C). \_\_\_\_\_  
 Rental income (include Schedule E). . . . . \_\_\_\_\_  
 Other income (cash, stocks/bonds, IRA/annuities, any aid for living expenses). . . . . + \_\_\_\_\_

**Total monthly GROSS income before deductions for everyone in your household. \$ \_\_\_\_\_**  
**Compare total to chart on the left to see if you qualify. Once completed, sign the Declaration and Signature.**

**Mail your application and documentation to:**  
**City of Sacramento, Department of Utilities**  
**Sacramento Utility Rate Assistance**  
**1395 35th Avenue**  
**Sacramento, CA 95822**



916-808-5454 Español | 中文 | Tagalog | Tiếng Việt | Hmoob | Русский

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