



Utility Bill Assistance Program

(Qualifying customers receive a \$10 discount on the total utility bill)

1. Account Information

Applicant Name (as it appears on your City of Waterford bill)		
Service Address		
City	Zip Code	
Mailing Address (if different than service address)		
City	State	Zip
City of Waterford Account #	Contact Phone Number	

How to Apply

1. Enter your City of Waterford account information.
2. Enter your household and income information.
3. Please attach the required documentation:

Proof of Total Monthly Income

IRS Form 4506-T for all adults

Copy of City of Waterford Water/Sewer Bill

4. Sign, date, and return application with required documentation to:

CVOC – Central Valley Opportunity Center

1581 Cummins Dr, Ste 100

Modesto, CA 95358

(209) 577-3210

****Incomplete applications will not be processed****

Eligibility Guidelines

Persons in Household	Monthly Income	Annual Income
1	\$2,124	\$25,488
2	\$2,124	\$25,488
3	\$2,679	\$32,144
4	\$3,233	\$38,800
5	\$3,788	\$45,456
6	\$4,343	\$52,112
Additional Members	+\$555	+\$6,656

2. Household Information & Income Verification (Total Household Income Can NOT Exceed Eligibility Guidelines)

List names of all persons living in the home, 18 yrs of age or older below: 	Household income includes money from all household members (taxable or non-taxable) including but not limited to:				
	Wages	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Workers	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
	Interest Income	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Compensation	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
	Social Security	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Unemployment Benefits	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
	SSI, SSP, SSDI	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Spousal Support	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
	Pensions	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Rental or royalty income	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
TANF (AFDC)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Legal settlements	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	
Child Support	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Scholarships	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	
Disability Payments	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Grants	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	
Self-employed (IRS Form Schedule C required)	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	Cash	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	
Adults _____			Other income: (explain) _____	\$ _____	
Minors (under 18) _____					
Total = _____					
			If you are renting your home, are you receiving a housing subsidy (Section 8, HUD, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Is anyone in the household receiving a food subsidy (Cal Fresh, WIC, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: Proof of income may include paystubs, award letters, etc. City of Waterford will not accept bank statements as proof of gross income. If you need a copy of your Social Security Award Letter, please contact the local Social Security office at www.socialsecurity.gov/myaccount or by calling 1-800-772-1213. Documents will not be returned

3. Declaration and Signature

The information on this application along with the required documentation will be used to determine eligibility for assistance.

By signing below, I certify that all information provided on this application, and the supporting documents is true and correct. I understand that I am responsible for notifying the City of Waterford if my income increases above the qualifying income level, that my eligibility for this discount is subject to audit, and that if I receive the discount without qualifying for it, I may be required to pay back all discounts inappropriately received.

I understand that certification for this discount program is valid for ONE YEAR, and that I must submit a new application when this one expires.

Signature (person whose name appears on City of Waterford bill) _____ Date _____

CVOC Use Only

Approved Denied