



**WATER AND
POWER**

LIFELINE PROGRAM APPLICATION

First-Time Applications - Home Again L.A. (HALA)

homeagainla.org | (818) 848-2822 | info@homeagainla.org

Renewals - BWP burbankwaterandpower.com | (818) 238-3730 | lifeline@burbankca.gov

1 DETERMINE IF YOUR HOUSEHOLD IS QUALIFIED FOR THE LIFELINE PROGRAM

All occupants of the residence are considered part of the household, and their collective income determines household income. **We do not accept** renter claims for a single-family residence as grounds to exclude their income from the household income calculation.

Is anyone in your household at least 62 years old and does your household meet the income qualifications on the right?

Is someone in your household permanently disabled* and does your household meet the income qualifications on the right?

If you meet either of these two conditions, you qualify to apply for Lifeline.

Move on to Step #2

*Disability criteria available at www.ssa.gov/disability/professionals/bluebook/AdultListings.htm

I am applying for Lifeline for the first time.

I am currently enrolled in the Lifeline Program and am re-enrolling in the program for a new year.

HOUSEHOLD INCOME FOR LIFELINE - PLEASE CHECK THE BOX MATCHING YOUR FAMILY SIZE:

Household Size	Household Yearly Income
One Person	Less than \$58,300
Two People	Less than \$66,650
Three People	Less than \$74,950
Four People	Less than \$83,300
Five People	Less than \$89,950
Six People	Less than \$96,600
Seven People	Less than \$103,250
Eight or More People	Less than \$110,000

Note: Incomplete applications will not be processed. Applications will only be processed once all required information and documentation have been received.

2 PROVIDE YOUR PERSONAL INFORMATION

Are you applying for yourself or on behalf of an eligible member of your household?

I am applying for Lifeline.

I am applying for Lifeline on behalf of an eligible member of my household.

NAME ON BWP ACCOUNT: _____

BWP ACCOUNT #: _____

2.1 Qualifying Household Member Information:

2.1 NAME: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

DRIVERS LICENSE NUMBER: _____

STATE: _____

2.2 Household Member Completing Application Information (If Not the Same as Above):

2.2 NAME: _____

PHONE: _____

EMAIL: _____

PLEASE TELL US ABOUT YOUR HOUSEHOLD - COMPLETE A, B, AND C

A | LIST ALL HOME/UNIT OCCUPANTS OVER THE AGE OF 18:

Household Member Name	Relationship to Applicant	Date of Birth (Month/Day/Year)	Is the person over 62 years old or disabled?	
	Self		Over 62	Disabled
			Over 62	Disabled
			Over 62	Disabled
			Over 62	Disabled
			Over 62	Disabled
			Over 62	Disabled
			Over 62	Disabled

B | WHAT IS YOUR MONTHLY HOUSING COSTS?

Enter your total monthly rent or mortgage payment. If you receive Section 8 or other housing assistance, subtract the monthly amount of that aid to show your actual out-of-pocket housing cost.

	Rent/Mortgage	Subtract Your Monthly Housing Assistance	= Total
<i>EXAMPLE</i>	<i>\$2000</i>	<i>-\$1200</i>	<i>= \$800</i>

IF NONE, PLEASE EXPLAIN WHY:

I *If you no longer make payments due to owning your home, please provide a copy of the previous year's property tax bill.*

C | LIST ALL INCOME FOR YOURSELF AND ALL ADULT MEMBERS OF YOUR HOUSEHOLD:

Type of Income Received	Weekly OR Monthly		Amount
Social Security	Weekly	Monthly	\$
SSI Disability	Weekly	Monthly	\$
Wages (W2 and/or 1099)	Weekly	Monthly	\$
Business Income	Weekly	Monthly	\$
Business-Paid Expenses (Example: Your business makes your car payment.)	Weekly	Monthly	\$
Pension	Weekly	Monthly	\$
Interest Income	Weekly	Monthly	\$
Annuity/Trust Fund	Weekly	Monthly	\$
Rental Income	Weekly	Monthly	\$
Spousal/Child/Family Support	Weekly	Monthly	\$
CalFresh, CalWorks, General Relief (GR), Cash Assistance Program for Immigrants (CAPI), Temporary Assistance for Needy Families (TANF), Refugee Cash Assistance (RCA)	Weekly	Monthly	\$
Other Financial Support*	Weekly	Monthly	\$
	WEEKLY TOTAL:		\$
	MONTHLY TOTAL:		\$

***Please attach a notarized letter explaining the financial support you are receiving.**

Example: A member of your family gives you financial support.

ASSETS

Type	Describe The Asset	Value
Rental Properties		\$
Stocks		\$
Precious Metals		\$
Other Investments		\$
	TOTAL ASSETS:	\$

4 IF YOU OR A HOUSEHOLD MEMBER ARE PERMANENTLY DISABLED, A CALIFORNIA-LICENSED DOCTOR MUST COMPLETE THE FORM ON PAGE 5

5 PROVIDE COPIES OF REQUIRED DOCUMENTATION FOR ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18

All occupants of the residence are considered part of the household, and their collective income determines household income. We **do not accept** renter claims for a single-family residence as grounds to exclude their income from the household income calculation.

2.1 Qualifying Household Member

One copy of the lease agreement or property tax for the household income listed in section 3B on page two.

A copy of lease agreement or property tax as proof of home ownership

2.2 Household Member Completing Application

Provide all documents for all household members as shown in section 3A on page two.

Copy of most recent BWP Bill - For First Time Applicants Only

Copy of State ID card / Driver's License or other identification

Complete Form 1040 or Tax Return Transcript, Wage and Income Statements

Please obtain a free copy of your IRS transcript online at [IRS.gov/individuals/get-transcript](https://www.irs.gov/individuals/get-transcript) or by calling 1 (800) 908-9946.

Two months of recent bank statements

Verification of income assistance with: Burbank Housing Authority (BHA) Section 8 program, CalWorks,

CalFresh, Supplemental Security Income (SSI), Refugee Assistance Program, Cash Assistance Program for Immigrants (CAPI), Low Income Home Energy Assistance Programs (LIHEAP), General Relief (GR), Cash Assistance Program for Immigrants (CAPI), Temporary Assistance for Needy Families (TANF), and Refugee Cash Assistance (RCA).

In some cases, you may be able to qualify as low-income if you provide a "Complete Form 1040" plus meet any of these program criteria:

- CalWorks
- CalFresh
- SSI/Disability

Note: Income assistance verification documents must be dated for the current calendar year and match the address provided in Section 2.1 of the application.

6 READ AND ACCEPT THE LIFELINE PROGRAM TERMS AND CONDITIONS

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

As a customer of Burbank Water and Power (BWP), I hereby claim eligibility and make application for the Lifeline program. A new application must be completed when there is a change of address, change in the number of members in the household, change in household income, and/or once every two years when an update is due. I hereby grant right of access to my residence during regular business hours to BWP employees for verification of information given on this application. I understand that refusal of access for this purpose or refusal to provide all documentation requested will be considered just cause for denial of Lifeline rate assistance and if my account becomes delinquent I will be subject to the collection process up to and including disconnection of services.

While applying for rate assistance with BWP, I understand that prior to, or at any time after the acceptance of my application, an ID validation and an identification and income verification may be completed.

To the fullest extent permitted by law, I hereby authorize BWP and its authorized agents or contractors to obtain, review, and verify information relevant to my application from third parties, including but not limited to employer (current and former), financial institutions, governmental agencies, landlord and credit agencies. This authorization includes, but is not limited to, verification of income, employment status, household composition, public assistance participation, and residency. I authorize these third parties to release such information to BWP for the purpose of determining my eligibility for benefits and for program administration, compliance, and audit purposes.

Lifeline and related financial assistance programs from BWP are governed by the Rules & Regulations for Utility Service. The Rules & Regulations set forth how BWP shall govern and administer its services. More information about the Rules & Regulations can be found on the BWP website at burbankwaterandpower.com/rules-and-regulations.

BACK-UP EQUIPMENT IN THE EVENT OF POWER OUTAGES

In the event there is an interruption of service due to an outage or disconnection for non-payment, it is the Customer’s responsibility to have battery back-up for any Life Support equipment required by the Customer.

I understand that it is my responsibility to have battery back-up for the life support equipment in my home.

LIFELINE DOES NOT PREVENT OR POSTPONE SERVICE DISCONNECTION FOR NON-PAYMENT

Lifeline does not pay or erase past due amounts and/or unpaid balances. Lifeline benefits do not apply to past bill statements and cannot be backdated.

Lifeline does not change or adjust any payment arrangements that you have made with BWP to cover past due amounts in your BWP account.

I understand that Lifeline does not erase past due amounts or impact payment arrangements on my BWP account.

NOTICE REGARDING FALSE OR FRAUDULENT STATEMENTS

Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

BWP reserves the right to back-bill an applicant if they are found to have committed fraud with respect to the information provided on this application.

I do hereby swear and attest that all information contained in this application about me or my household members is true, correct, and complete.

Signature for Household Member Completing Application

SIGNATURE: _____ DATE: _____

Signature for Qualifying Household Member

SIGNATURE: _____ DATE: _____

Note: Digital signatures are not accepted. Applications must include a handwritten signature in black or blue ink that matches the signature on the identification card provided.

SUBMIT YOUR APPLICATION

Submit your application and all required documentation via mail, email, or in person.

Residents submitting their application by mail should obtain and retain proof of mailing and any available tracking information from the U.S. Postal Service.

FIRST-TIME APPLICATIONS

MAIL: Home Again L.A. (HALA)
Attn: Lifeline Application
1304 West Burbank Blvd., Burbank CA 91506

EMAIL: info@homeagainla.org
Subject: Lifeline Application

IN PERSON AT:
1304 West Burbank Blvd., Burbank, CA 91506

APPLICATION RENEWALS ONLY

MAIL: Burbank Water and Power
Attn: Lifeline Application
164 W. Magnolia Blvd., Burbank CA 91502

EMAIL: lifeline@burbankca.gov
Subject: Lifeline Application

IN PERSON AT BWP’S OFFICE:
164 W. Magnolia Blvd., Burbank, CA 91502



**WATER AND
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LIFELINE - STATEMENT OF CERTIFICATION

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Renewals - BWP burbankwaterandpower.com | (818) 238-3730 | lifeline@burbankca.gov

This form must be completed by a California-licensed physician for any applicant under the age of 62 to certify they meet the requirements for disability defined at www.ssa.gov/disability/professionals/bluebook/AdultListings.htm.

1

PLEASE TELL US ABOUT YOUR PATIENT

PATIENT NAME: _____

PATIENT'S DIAGNOSIS *(Please do not abbreviate)*: _____

IS YOUR PATIENT BELOW THE AGE OF 62? YES NO

DO THEY MEET THE DISABILITY EVALUATION REQUIREMENTS AS DEFINED BY SOCIAL SECURITY?
www.ssa.gov/disability/professionals/bluebook/AdultListings.htm YES NO

DOES YOUR PATIENT REQUIRE THE USE OF LIFE SUPPORT EQUIPMENT IN THE HOME? YES NO

IF PATIENT USES LIFE SUPPORT EQUIPMENT, PLEASE PROVIDE DETAILS FOR THE ALL EQUIPMENT BELOW:

Medical Equipment	Manufacturer <i>(Do Not Abbreviate)</i>	Required Hours Per Day	Equipment Use <i>(Check One)</i>	
			Constant	Intermittent
			Constant	Intermittent
			Constant	Intermittent
			Constant	Intermittent
			Constant	Intermittent
			Constant	Intermittent

IN YOUR OPINION, IS THE EQUIPMENT DESCRIBED ABOVE NECESSARY TO MAINTAIN LIFE? YES NO

DOES YOUR PATIENT HAVE BACK-UP BATTERY POWER FOR THEIR PERSONAL NEEDS? YES NO

If not, please discuss back-up battery needs with your patient.

2

PLEASE PROVIDE YOUR PERSONAL INFORMATION

DR. NAME: _____ CA LICENSE #: _____

EMAIL: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AS OF THE DATE SIGNED.

DOCTOR'S SIGNATURE: _____ DATE: _____

PLEASE RETURN COMPLETED STATEMENT OF CERTIFICATION TO YOUR PATIENT