



**WATER AND
POWER**

LIFE SUPPORT APPLICATION

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

Life Support offers customers that require the use of Life Support Equipment an exemption from the Utility Users Tax.

1 PROVIDE YOUR PERSONAL INFORMATION

NAME ON BWP ACCOUNT: _____ BWP ACCOUNT #: _____

2.1 Qualifying Household Member Information:

2.1 APPLICANT'S 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: _____

2 PLEASE TELL US ABOUT YOUR HOUSEHOLD

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

Household Member Name	Relationship to Applicant	Date of Birth (Month/Day/Year)
	Self	

3 READ AND ACCEPT THE LIFE SUPPORT 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 Life Support 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 equipment use, 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 Life Support rate assistance and if my account becomes delinquent I will be subject to the collection process up to and including disconnection of services.

I hereby authorize BWP to contact my doctor to release pertinent information relating to my medical history, diagnosis, Life Support equipment, tolerance time, and any medical information necessary to update my Life Support status.

Life Support 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.

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.

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.

LIFE SUPPORT DOES NOT PREVENT OR POSTPONE SERVICE DISCONNECTION FOR NON-PAYMENT

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

Life Support 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 Life Support 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.

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

EMAIL: lifeline@burbankca.gov
Subject: Life Support Application

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



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LIFE SUPPORT - STATEMENT OF CERTIFICATION

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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