LIFELINE PROGRAM APPLICATION

Always There for You!

BurbankWaterAndPower.com | Customer Service: (818) 238 - 3700 | BWPCustomerService@burbankca.gov

Lifeline Offers Income Qualified Customers an Exemption from the Monthly Customer Service Charge, the Utility User's Tax, and a Reduced Rate on Electric Service

Step 1: Determine if You Are Qualified for the Lifeline Program

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

OR →

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

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

Move on to Step #2.

Income Qualifications for Lifeline:

Household Size	Household Yearly Income
One Person	Less than $36,550
Two People	Less than $41,800
Three People	Less than $47,000
Four People	Less than $52,200

Household Size	Household Yearly Income
Five People	Less than $56,400
Six People	Less than $60,600
Seven People	Less than $64,750
Eight or More People	Less than $68,950

Step 2: Provide Your Personal Information

Applicant's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Drivers License Number: _____ State: _____

Phone: ( ) _____ BWP Account Number: _____

Name on BWP Account (only if different than Applicant): _____

Step 3: Please Tell Us About Your Household

List all Household Members:

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

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What is Your Monthly Rent/Mortgage Payment (Without Assistance)? $

If None, Please Explain Why:

List all Income for Yourself and All Adult Members of Your Household:

Type of Income Received	Amount	Weekly/Monthly
Social Security		
SSI		
Wages		
Pension		
Housing Assistance (Section 8 or Other)		
Interest Income		
Annuity		
Disability		
Spousal/Child/Family Support		
Welfare/Food Stamps		
AFDC/CAPI		
Other		

HOME IMPROVEMENT PROGRAM

Applicants who live in a single family home must schedule an appointment with the Home Improvement Program (HIP) for potential upgrades. (Apartments are welcome to participate but are not required.) Applicants who do not follow through with their HIP appointment will no longer qualify for the Lifeline. Call **(866) 365-7358** to schedule an appointment.

Appointment Date: Time:

Step 4: 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 as well as 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.

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DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION (continued)

I hereby authorize the Burbank Housing Authority to release any information regarding my housing assistance contract that may be requested by BWP.

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 a credit check with a soft hit (that will not affect my credit) may be completed. I understand that any Consumer Report or Investigative Consumer Report requested would be used strictly for permissible purposes due to a legitimate business need for the information in connection with the application for the rate assistance with BWP initiated by you. I understand, to be considered, I must authorize the procurement of such Report(s). A photographic or faxed copy of this form shall be as valid as the original.

Note: Burbank Water and Power makes every effort to prevent interruption of service. However, power outages may be caused by unforeseen circumstances and continuous service cannot be guaranteed. It is recommended that customers using life support equipment acquire back-up systems and make plans appropriate for their circumstances.

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

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

Applicant Signature: _____ Date: _____

Application Prepared By: _____ Relationship to Applicant: _____

Signature: _____ Phone: ( ) _____

Step 5: Complete the Form on Page 4 ONLY if You Are Under the Age of 62 and Someone in Your Home is Permanently Disabled

Step 6: Provide Copies of Required Documentation for ALL Household Members

- ☐ Tax returns for the most recent year filed
- ☐ Two recent months of all bank account statements, including Checking and Savings (Please include **ALL** pages, even blank pages)
- ☐ Any contracts regarding housing assistance received from Burbank Housing Authority

Step 7: Submit Your Lifeline Application via Email, Mail, Fax or Drop Off in Person

Email:
BWPCustomerService@burbankca.gov
Please use "Lifeline Application" in the subject line.

Mail:
Burbank Water and Power
P.O. Box 631
Burbank, CA 91503-0631

Fax:
(818) 238-3715

Drop Off:
Burbank Water and Power
164 W. Magnolia
Burbank, CA 91502-1720

LIFE SUPPORT - STATEMENT OF CERTIFICATION

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If Someone in Your Home is Permanently Disabled, this Form Must Be Completed by their Physician who is Licensed to Practice Medicine in the State of California

Step 1: Please Tell Us About Your Patient

Patient Name: _____

Patient's Diagnosis (Please do not abbreviate): _____

_____

Is your patient permanently disabled? ☐ Yes ☐ No

Does your patient's diagnosis prevent him/her from being gainfully employed? ☐ 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** (Do Not Abbreviate)	**Required Hours Per Day**	**Equipment Use** (Check One)
			☐ 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 No, please discuss back-up battery needs with your patient.

Step 2: Please Provide Your Practice Information

Doctor's Name: _____

CA License Number: _____ 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: _____

Step 3: Please Return Completed Statement of Certification to Your Patient