



# BANNING ELECTRIC UTILITY

## LOW-INCOME ASSISTANCE APPLICATION



Basic Information	Utility Account Number		Cycle/Route
	Name on Account		Date of Birth
	Service Address		Phone Number
	Household Member Age Count (including self)		
	Ages 0-17	Ages 18-61	Ages 62+
Total number of persons living in household including applicant:			

Income Verification	Household Income (Last 4 weeks)	Income	Document Attached
		\$	
1. Paychecks (Gross salary, wages, and gross income from self employment)	\$		
2. Public Assistance (CashAid, CalFresh/SNAP - Food Stamps, TANF, CalWorks, etc.)	\$		
3. Social Security Benefits, Supplemental Security Income, State Supplementary Payment and/or State Disability Insurance	\$		
4. Pensions (Retirement Benefits, Insurance Benefits, Workers Compensation)	\$		
5. All other income, specify (Child Support or Alimony, Investment Income, Interests Income, Jury Duty Pay, Unemployment Insurance)	\$		
6. No Income (Please state reason and length of time of no income) Must provide documentation	\$		
<b>TOTAL INCOME:</b>	<b>\$</b>		

Applicant Signature	1. I hereby authorize the City of Banning to examine all employment, income, utility, and other records pertinent to my application for energy assistance and to make direct credit to my utility account.	
	2. I certify that I am solely or jointly responsible for payment of the utilities for this address.	
3. I understand assistance reduction will be calculated based on only the electric charge and electric consumption portion of my bill.		
4. I UNDERSTAND ALL SUPPORTING DOCUMENTS MUST BE INCLUDED IN ORDER TO PROCESS APPLICATION		
I certify under penalty of perjury that all information herein is true and correct to the best of my knowledge.		
_____ Applicant's Signature		_____ Date

PLEASE DO NOT WRITE BELOW THIS LINE- OFFICE USE ONLY			
<input type="checkbox"/> Copy of Identification		<input type="checkbox"/> 12-month account history or <input type="checkbox"/> Disability exception or <input type="checkbox"/> 62+ age exception	
Approval Signature:		Date: _____	Current Rate: _____ Approved Rate: _____
<input type="checkbox"/> Rate Change <input type="checkbox"/> System Note <input type="checkbox"/> Tracking Sheet		Notes: _____	

Please return completed application and copies of documents to:  
**Banning Electric Utility, Attn: Public Benefits, 176 E Lincoln Street, Banning, CA 92220,**  
**or Email: PublicBenefits@banningca.gov Phone: (951)922-3260 Website: www.banningca.gov**

# LOW-INCOME ASSISTANCE PROGRAM GUIDELINES

## PROGRAM DESCRIPTION

The Low-Income Qualified Discount is a program established by the City of Banning to assist qualified low-income city residents with their electric bill. The program is administered by the City of Banning and is funded by the state mandated Electric Public Benefits Charge. Upon approval, qualified applicants will be put on the Low-Income Qualified Discount, which will result in an annual discount of up to \$390 on the electric portion of their utility bill. Participants must re-apply every two years. Low Income Qualified Discount funds are available to City of Banning households who meet the following requirements and income guidelines. Solar accounts are not eligible.

## REQUIREMENTS

### THE FOLLOWING IS REQUIRED TO APPLY FOR ASSISTANCE:

**(Failure to provide the necessary documentation will be grounds for rejection of application)**

- Applicants must have a current City of Banning electric account that has been active for a minimum of twelve (12) months. Senior Citizens, 62 years of age or older, and disabled individuals are exempt from this requirement.
- Must meet income eligibility guidelines as indicated below.
- Provide a copy of current, valid, Driver's License or California I.D.
- Provide documentation of income from **all** sources for **everyone** in the household during the **most recent four-week period**, which may include:

Paycheck Stubs, Social Security Award Letter, Unemployment Check Stubs, Current Cash Aid/Cal Fresh Notice of Action or Award Letter, Disability Insurance Payments, Alimony, Child Support, Workers Comp, Retirement Benefits, Investment/Bank/Insurance Statements, etc.

- If you are self-employed, please provide all copies of current Form 1040 and Schedule C income tax forms. Also, enter the amount on line 7 (Gross income) from schedule C, under Household Information of Low-Income Qualified Discount application.

## INCOME GUIDELINES

Household Size	Total Gross Monthly Income* Does Not Exceed	Total Gross Yearly Income* Does Not Exceed
1	\$2,700.17	\$32,402.04
2	\$3,531.00	\$42,372.00
3	\$4,361.83	\$52,341.96
4	\$5,192.75	\$62,313.00
5	\$6,023.59	\$72,283.08
6	\$6,854.43	\$82,253.16
7	\$7,010.21	\$84,122.52
8	\$7,166.00	\$85,992.00

\*Income levels are based on the Federal Poverty Guidelines and are subject to change.

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