

City of Banning

Low Income Assistance Application

Current Rate:

Section 1. Customer Info.	First Name _____ Last Name _____ M.I. _____	Date of Birth: - _____	
	Address _____ City _____ State _____ Zip Code _____	Daytime Phone # _____	
	Banning, CA 92220 ()		
	Utility Account Number: (REQUIRED) _____	How many in each group (including self)? 1. 0-5 yrs. old _____ 2. 6-18 yrs. old _____ 3. 19-61 yrs. old _____ 4. 62+ yrs. old _____ Disabled _____	
Total # of People in Household (Including Applicant): _____	Gross		
Section 2. Source(s) of Income	Type of Household Income		Monthly Income
	1. Paychecks (Gross Salary, Wages, and gross income from self-employed)		\$ _____
	2. Public Assistance (Cash Aid, CalFresh - Food Stamps, TANF, Cal Works, etc.)		\$ _____
	3. Social Security Benefits, Supplemental and/or Disability (Please add if both benefits are granted)		\$ _____
	4. Pensions and Insurance Payments (Retirement Benefits, Insurance Benefits, Disability Insurance, Workers Compensation, Unemployment Insurance, etc.)		\$ _____
	5. All other income, please specify (Child Support or Alimony, Investment/Interest Income, Foster Care Grant, Student/Financial Aid, etc.)		\$ _____
		Total:	\$ _____
Section 3. Applicant's Signature	<p>1. I hereby authorize the City of Banning to do all of the following:</p> <p>a. To examine all employment, income, utility, and other records pertinent to my application for energy assistance.</p> <p>b. To make direct credit to my Utility Account.</p> <p>2. I understand that the reduction will be calculated by the electric charge and the electric consumption portion of the bill.</p> <p>3. <i>ALL SUPPORTING DOCUMENTS MUST BE INCLUDED IN ORDER TO PROCESS APPLICATION.</i></p> <p>I certify under penalty of perjury that all information herein is true and correct to the best of my knowledge.</p> <p>→</p>		
	Applicant's Signature _____	Date _____	
Section 4. City of Banning Approval	CITY OF BANNING OFFICE USE ONLY		
			Rate Change: _____
			Cycle/Route: _____
Public Benefits Coordinator's Signature _____		Date _____	

Mail To: City of Banning, Public Benefits, 176 E. Lincoln St, Banning, CA 92220
Email to PublicBenefits@banningca.gov (951) 922-3260
www.ci.banning.ca.us



Low Income Assistance Program

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 \$360 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.

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 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 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	\$2,655	\$31,860
2	\$2,655	\$31,860
3	\$3,345	\$40,180
4	\$4,040	\$48,500
5	\$4,735	\$56,820
6	\$5,425	\$65,140
7	\$6,120	\$73,460
8	\$6,815	\$81,780

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

All supporting documentation must be included in order to process application

City of Banning, Public Benefits, 176 E. Lincoln St., Banning, CA 92220

(951)922-3260

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