For Utility Use Only:										
F			-			-				



City of Santa Clara/Silicon Valley Power Financial Rate Assistance Program (F.R.A.P.) Application



SECTION 1: CU	STOMER INFO	RMATION	ч					
Account Number	er:	0	0 0				-	
							()	
Name of Accou	nt Holder						Telephone	#
Home Address	(Do NOT use a P.	O. Box)			City			Zip Code
Mailing Address	s (if different from	the above	address)		City			Zip Code
# of People in	Household:		Adults	+	Children (u	under 18	3) =	Total
SECTION 2a: PU	JBLIC ASSIST	NCE PRO	OGRAM E	LIGIBILITY	,			
CHECK all progr	rams you participat	e in (if appli	cable).					
	bers of your hous			led in any of	these prog	grams, p	olease <u>s</u> kip to S	ection 2b)
· · ·	d Stamps			y Families A &		-		NF (AFDC)
LIHE	EAP		WIC					
SECTION 2b: HO	OUSEHOLD INC	COME EL	_ IGIBILITY					
CHECK all source	ces of household in	icome.						
Pensions			Wages or S	Salaries			School Grants, S	cholarships,
Social Se		一	Unemploym			School Loans, or	-	
SSI, SSF	•	一	Workers Co			living expenses		
Interest and/or Div		H	Disability Pa	•			Insurance Settler	
		片	-		\blacksquare		Herits	
	Accounts,		Rental or R			Child Support		
Stocks o	r Bonds, or		Profit from	ent	Щ	Spousal Support		
Retireme	ent Accounts		(IRS form §	Schedule C, Lir	ne 29)		Cash and/or othe	er income
FINANCIAL ASS	ISTANCE GUIDELII	NE T <u>ABLE:</u> ((If yo <u>u earn I</u>	ess than the i	ncome in th	e c <u>hart, y</u>	you sh <u>ould qualif</u>	y for FRAP)
				Monthly Incon	ne Max		nnual Income	
#	of People in Hous	sehold		re Taxes			e Taxes	
<u> </u>	1			162.50			,950	
	2			754.17			,050	
	3 4			350.00 941.67			,200	
	4 5			941.67 420.83			,300 ,050	
	6			895.83			,750	
	7			370.83			,450	
	8		\$7,8			,150		
	Fank			ctive as of Jan	-			
l	For n	ousenoias w	vith more tha	an 8 members	, piease con	tact us.		
Current total co	ombined gross mo	nthly house	ehold incom	ne before				
	ombined gross mo dividuals, includin	-			\$			
	_	-			\$			
taxes of <u>ALL</u> inc	dividuals, includin	ng tenants, l	living in the	home	\$			
state that the informa	dividuals, includin	ng tenants, l	nd sign below)	e home () and correct. I a	agree to prov			
SECTION 3: DEC state that the informal	CLARATION (Plation I have provided to do so will result in	lease read and in this applic	nd sign below) cation is true a	e home y and correct. I a am. I agree to ir	agree to prov	y of Santa	a Clara if I no long	er qualify
SECTION 3: DEC state that the information or receive the discoun	CLARATION (Planation I have provided to do so will result into I understand that	lease read and in this applic in removal froif I receive the	nd sign below) cation is true a com the progra ne discount wit	e home ') and correct. I a am. I agree to ir ithout qualifying	agree to prov nform the City g for it, I may	y of Santa be requir	a Clara if I no longered to pay back the	er qualify e discount I
SECTION 3: DEC state that the informal understand that failure oreceive the discount eceived. I understand	CLARATION (Plation I have provided to do so will result into I understand that did that Silicon Valley	lease read and in this applic in removal froif I receive th Power may s	nd sign below) cation is true a om the progra ne discount with	e home ') and correct. I a am. I agree to ir ithout qualifying rmation with oth	agree to prov nform the City g for it, I may	y of Santa be requir	a Clara if I no longered to pay back the	er qualify e discount I
state that the information receive the discount received. I understand assistance programs.	CLARATION (Plation I have provided to do so will result into I understand that did that Silicon Valley	lease read and in this applic in removal froif I receive th Power may s	nd sign below) cation is true a om the progra ne discount with	e home ') and correct. I a am. I agree to ir ithout qualifying rmation with oth	agree to prov nform the City g for it, I may	y of Santa be requir	a Clara if I no longered to pay back the	er qualify e discount I
	CLARATION (Plation I have provided to do so will result in the I understand that did that Silicon Valley I give consent to ha	lease read and in this applic in removal froif I receive th Power may s	nd sign below) cation is true a om the progra ne discount with	e home ') and correct. I a am. I agree to ir ithout qualifying rmation with oth	agree to prov nform the City g for it, I may her utilities or	y of Santa be requir r their age	a Clara if I no longered to pay back the	er qualify e discount I n their

City of Santa Clara/Silicon Valley Power Financial Rate Assistance Program (F.R.A.P.) Application

ABOUT FRAP:

• The Financial Rate Assistance Program (F.R.A.P.) provides a monthly 25% discount to income eligible RESIDENTIAL households on their City of Santa Clara Municipal Utilities electric charges.

PROGRAM GUIDELINES:

- The City of Santa Clara utility bill must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- You may not share an energy meter with another home.
- Your household must meet the income guidelines described in this application. Income includes all
 individuals, including tenants, residing at the service address. Income verification documents must be
 provided.
- You must notify the City of Santa Clara if your household no longer qualifies for the F.R.A.P. discount.
- If your name or address has changed, you MUST inform the City of Santa Clara Utility billing office.
- Your eligibility must be recertified every year.
- You must include a copy of your utility bill with your application.
- Effective January 1, 2014, the 25% discount will only apply to the first 800 kilowatt hours (kWh) of monthly energy use.

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR:

- LIHEAP Low Income Home Energy Assistance Program: Provides bill payment assistance, emergency bill assistance and weatherization services. Call *Sacred Heart Community Energy Service* at 1-877-278-6455 for more information or to request an application.
- MRAP—Medical Rate Assistance Program: Provides a 25% discount on the utility bill of qualified City
 of Santa Clara residents with a preexisting medical condition or disability. There is no usage cap for the
 discount. The MRAP discount cannot be combined with the FRAP discount. Call City of Santa Clara –
 Municipal Services at 408-615-2300 for more information or to request an application.

MAIL COMPLETED APPLICATION, INCOME DOCUMENTS AND COPY OF UTILITY BILL TO:

Energy Efficiency Inc. ATTN: F.R.A.P. 595 S. Bluff St., Suite 5 St. George, UT 84770

Toll Free Phone Number: (800) 429-9610

Required Income Document Guide

The chart below contains examples of required income documents. You must include documentation of income from all sources for **ALL** people living in the household who are 18 years or older. Income documents must be current and must include gross income (before deductions). Each person living in your household who is 19 years and older and who does not receive income, needs to sign and fill out **"Survey of No Income and Expenses"**. Please include this with your application.

Note: For your protection, please black out Social Security and/or bank account numbers on all copies.

If you participate or receive income from:	You can send us a copy of:				
Wages, Salaries and Commissions	Two Consecutive Check Stubs				
Pensions, Social Security, SSP, SSDI, Disability Payments, Workers Compensation, Unemployment Benefits, VA Benefits, Foster Care Payments	Award Letters, Check Stubs, Bank Statements (to show direct deposit)				
Medicaid/Medi-Cal, Supplemental Security Income (SSI), CalFresh/SNAP (Food Stamps), LIHEAP, WIC, Healthy Families A & B, CalWORKs (TANF), Tribal TANF, National School Lunch Program (NSLP), Bureau of Indian Affairs General Assistance, Head Start Income Eligible (Tribal Only)	Award Letters, letter of participation in the program				
School Grants, School Loans, Scholarships, or Other Aid	Award Letters, Statements				
Insurance and/or Legal Settlements	Settlement document				
Child and/or Spousal Support	Court Documents, Letters, Check Stubs				
Farm Income	First page of IRS Form 1040				
Interest and/or Dividends from: Savings, Stocks, Bonds, or Mutual Funds	Investment account statement(s), bank statement, and/or first page of IRS Form 1040				
401K or IRA Withdrawals or Annuities	Investment account statement(s) and/or bank statement				
Capital Gains	Investment account statement(s) and/or first page of IRS Form 1040				
Rental and/or Royalty Income	First page of IRS Form 1040				
Profit from Self-Employment	First page of IRS Form 1040 AND 1040 Schedule C				
Gambling/Lottery Winnings	Determined on case-by-case basis				
Union Strike Fund Benefits	Benefit Payment Stubs				
Cash Income (when you have not filed Federal or State taxes)	Provide a signed letter detailing: the type of work, estimated monthly amount of cash payment, and employer name and phone number				
Monetary Gifts, none of the examples above apply, or If you do not receive any income	Complete and sign "Survey of No Income and Expenses"				