

**Low Income Financial Assistance (LIFA) Application
 Fiscal Year 2020-21**

Please review eligibility requirements on the reverse side before completing the below application.

Applicant Name: _____ Account: _____

Service Location: _____ APN #: _____

Mailing Address: _____ Phone Number: _____

City: _____ State _____ Zip: _____

1. Total Number of persons in your household (include yourself, other adults, and children)

1 2 3 4 5 6 If more than 6:

2. Include a copy of your most recent income tax return, or statement of benefits from all income sources. Check appropriate income sources, and household income below.

Income sources (check all that apply)	Gross Annual Income
<input type="checkbox"/> Wages, pensions, interest or dividends	<input type="checkbox"/> \$0 - \$34,480
<input type="checkbox"/> Social Security, SSI, SSP	<input type="checkbox"/> \$34,481 - \$43,440
<input type="checkbox"/> Disability, VA disability, workers' compensation	<input type="checkbox"/> \$43,441 - \$52,400
<input type="checkbox"/> Unemployment, general assistance	<input type="checkbox"/> \$52,401 - \$61,360
<input type="checkbox"/> Medi-Cal, Medicaid	<input type="checkbox"/> \$61,361 - \$70,320
<input type="checkbox"/> Child or spousal support	If more than \$70,320 enter the dollar amount here: \$
<input type="checkbox"/> CalWORKs, WIC, TANF (AFCD), CalFresh	

3. Renew application each year by August 1, to maintain your discount.

Declaration of Eligibility:

I apply for and declare eligibility for Low Income Financial Assistance (LIFA). I declare under penalty of perjury that I am the resident owner of the service location or authorized tenant and declare the forgoing to be true and correct.

Applicant Signature: _____ Date: _____

FOR DISTRICT USE ONLY	CYCLE	1	2	3	4	New or Reapply	Date: _____
Approved:	Yes	No	By: _____	If Rejected, Reason: _____			

**Low Income Financial Assistance (LIFA) Program
Fiscal Year 2020-21**

The Big Bear City Community Services District (District) offers the Low Income Financial Assistance (LIFA) program to eligible customers for a 15% reduction in their bimonthly base rate, tier 1 and 2 water usage. No discount is available for tier 3 water usage. For the purposes of the program, "gross annual income" means all money and non-cash benefits, available for living expenses, from all sources, both taxable and non-taxable, before deductions for all people who live at the property.

Income Sources including but not limited to:	Income Limits (effective June 1, 2020 to May 31, 2021)	
Wages, pensions, interest or dividends from savings accounts, stocks, or bonds	Number of persons in household	Maximum Gross Annual Income
Social Security, SSI, SSP	1-2	\$34,480
Disability, VA disability, workers' compensation	3	\$43,440
Unemployment, general assistance	4	\$52,400
Medi-Cal, Medicaid	5	\$61,360
Child or spousal support	6	\$70,320
CalWORKs, WIC, TANF (AFCD), CalFresh (Food Stamps)	each additional person	\$8,960

Conditions for Participation:

- Applicant must be full-time resident owner of the subject property, or listed as an authorized tenant on the water account.
- Subject property is a residence with a meter no larger than one (1) inch.
- Applicant will provide most recent Federal income tax return, or statement of benefits from all income sources to verify eligibility.
- Applicant may not be claimed as a dependent on another person's income tax return other than a spouse.
- Applicant will notify the District within 30 days if they become ineligible for this program either by income, occupancy, residency standards, or public assistance program participation.
- Discount is not retroactive and will be effective the first billing cycle after approval.
- Eligibility application must be renewed by August 1 each year to maintain the discount.

Please call our office at (909) 585-2565, if you have any questions regarding program eligibility. Completed applications and proof of eligibility can be submitted:

- In person at 139 E. Big Bear Blvd., Big Bear City, CA, 92314, M-F 7:30 a.m. – 4:30 p.m., except on District holidays;
- Faxed to (909) 585-0025; or
- Mailed to P.O. Box 558 Big Bear City, CA, 92314.