



UTILITY USER'S TAX EXEMPTION / ELECTRIC LIFELINE RATE APPLICATION
(For City of Los Angeles residents only)

City of Los Angeles | Office of Finance

Email: finance.lifelineprogram@lacity.org Lifeline
Program Phone Number: (844)663-4411
Fax Number: (213) 978-1548

Address for correspondence:
Office of Finance | Utility Tax Exemption Unit
P.O. Box 53233
Los Angeles, CA 90053-0233

(FOR OFFICE USE ONLY)
ACCOUNT NUMBER:

INSTRUCTIONS AND CHECKLIST OF REQUIRED DOCUMENTS

Please follow all instructions below as incomplete applications will be returned to you. If you need help completing this application or have any questions about the requirements, please call (844)663-4411 for assistance.

1. **Include a copy of each utility bill for which you are requesting a discount.** The name and service address on each bill **MUST** match the name and service address on the application. Do not send only the payment portion. "The waiver cannot be granted if the name on the utility bill is not the same as the applicant's name."
 - a. **REQUIRED:** City of Los Angeles Department of Water and Power (DWP) bill with the applicant's name, current service address, and account number
 - b. Southern California gas bill with the applicant's name, current service address, and account number
 - c. Up to two phone bills, each with the applicant's full name and phone number

2. **Proof of income for each member of your household as indicated on the front of the application.** Please provide one of the following:
 - a. California income tax return for the prior year (Form 540, sides 1 and 2)
 - b. Prior year's Social Security benefit statement
 - c. SSI Disability Award Letter from the previous year
 - d. Award Letter (Notice of Action) for CALWORKS, CAPI, GENERAL RELIEF, or Food Stamps
 - e. For an infant or minor, Birth Certificate
 - f. For a full-time student, school ID card or confirmation of enrollment with the school year
 - g. For veterans, the prior year's California income tax return (Form 540, Side 1 and 2) is required
 - h. If none of the above are applicable, you must provide a NOTARIZED LETTER stating income

3. Proof of age or disability

- a. If you are an elderly person (62 years of age or older), please attach a copy of your California state driver's license, California state identification card, or other identification with name and date of birth
- b. If you have a permanent disability, please attach a recent certification (within the last 2 years) signed by a licensed physician attesting that you have a physical and/or mental disability that can be expected to result in death or to be of long duration and indefinite, therefore unable to engage in substantial gainful employment

Individuals who qualify for the DWP portion of this program may qualify for a discount on the solid resources fee. Eligibility will be reviewed every two years. For new applicants, the DWP Lifeline Discount Rate will take effect the first full billing period after DWP receives the approved application. Existing customers will continue to enjoy the discounted rate as long as they maintain eligibility. Please notify the Office of Finance of any changes to the information provided in this application. A new application must be completed within 90 days of a name or address change to maintain your exemption. A change of apartment in the same building is a change of address. If you have any questions about this application, please call the Lifeline Program (844) 663-4411. If you have questions about the DWP Lifeline rate, please call 1-800-342-5397.

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1. I am filing as: Senior (62+) Disabled

2. Requested Discounts (check all that apply):

DWP – Electrical SoCal Gas Landline Cell Phone

3. How many people live in your household?

Adults Minors/Full-time students

CONTACT INFORMATION

First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (MM/DD/YYYY)	Day Time Phone Number	
<input type="text"/>	<input type="text"/>	

SERVICE ADDRESS INFORMATION

Address	Apartment/Space No
<input type="text"/>	<input type="text"/>
City	State Zip Code
<input type="text"/>	<input type="text"/>

MAILING ADDRESS INFORMATION (IF DIFFERENT FROM ABOVE)

Address	Apartment/Space No
<input type="text"/>	<input type="text"/>
City	State Zip Code
<input type="text"/>	<input type="text"/>

DWP - ACCOUNT INFORMATION		SOCAL GAS ACCOUNT INFORMATION	
First Name	Surname	First Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DWP - Electric Account Number:		SoCal Gas Account Number:	
<input type="text"/>		<input type="text"/>	

LANDLINE PHONE ACCOUNT INFORMATION		CELLPHONE ACCOUNT INFORMATION	
Billing First Name	Billing Last Name	Billing First Name	Billing Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider Name		Provider Name	
<input type="text"/>		<input type="text"/>	
Landline Number:		Cellphone Number:	
<input type="text"/>		<input type="text"/>	

CERTIFICATION

I am a utility user at my residential service address within the City of Los Angeles and am responsible for payment of such utility bills that are all in my name;

1. I am either a
 - a. Senior Citizen: 62 years of age or older, or a
 - b. Disabled citizen: A person will be considered disabled if he or she is unable to engage in any substantial gainful activity due to any medically determinable physical or mental impairment that can be expected to result in death or that is of long duration and indefinite.
2. The combined adjusted gross income (as used for purposes of the California Personal Income Tax Act) of all members of the household in which I reside is less than **\$60,600** for the prior calendar year
3. The amount of the above utility tax is not paid by a public agency or from funds received from a public agency specifically for the payment of such tax.

SIGNATURE

I certify, under penalty of perjury under the laws of the State of California, that the information I have provided in this application is true and correct. By completing this form and submitting it to the Office of Finance in an electronic format, such as email, I agree that the form has the same legal effect as a form submitted by U.S. mail or in person. I agree that the Los Angeles Office of Finance and the Los Angeles Department of Water and Power may share my information with other utilities or agencies to enroll me in their assistance programs. I understand that my information will be shared only with agencies that offer discount programs that have agreed to keep the information confidential. I also agree that the aforementioned form legally represents a document sent by me or my legal representative.

SIGNATURE

DATE