



# OFFERING A HELPING HAND TO **LOW INCOME, SENIOR CITIZENS & THE DISABLED**

You, or someone you know, may qualify  
for a 25% or 50% discount  
on their Monthly Residential Service Charge

**Please  
contact us  
for more  
information**

Register online at [www.diablowater.org](http://www.diablowater.org)  
or fill out the application on the back  
of this flyer and return to the office at  
87 Carol Lane (next to Les Schwab Tires)

## **Discount Eligibility**

- ▶ Low income, senior citizens 62 and over, or permanently disabled.
- ▶ Participation eligibility will be determined by evidence of the water account holder's participation in the PG&E Care Program, CalFresh, CalWORKS, Medi-Cal, Supplemental Security Income, or similar state or federally sponsored programs.





## APPLICATION FOR DISCOUNTED MONTHLY SERVICE CHARGE

Diablo Water District offers a discount on the Residential Monthly Service Charge to low income, senior or permanently disabled customers.

- All applicants must meet the below income guidelines:
  - 100% federal poverty income (*must also provide proof of annual income*)
    - 50% per month discount on service charge
  - 200% of federal poverty income
    - 25% per month discount on service charge

*\*\*The person qualifying for the discount must be the account holder\*\**

Service Address: \_\_\_\_\_

Account Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Number of persons living at this address: \_\_\_\_\_

Total **gross annual income** of all persons living at this address \$ \_\_\_\_\_

**Attach proof** of the water account holder's participation in the PG&E Care Program, CalFresh, CalWORKS, Medi-Cal, Supplemental Security Income, or similar state or federally sponsored programs.

Please choose one:

- ☐ PG&E Care Program
- ☐ CalFresh
- ☐ CalWORKS
- ☐ Medi-Cal
- ☐ Supplemental Security Income
- ☐ Other: \_\_\_\_\_

*I declare that the foregoing information is true and correct.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this form to our office via drop off or mail and enclose **requested forms**.  
Renewal of program eligibility required every three years.*

**For Office Use Only:**

☐ Verified By: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_