CARE LOW INCOME SENIOR DISCOUNT APPLICATION

WATER ACCOUNT # _____

EDISON ACCOUNT#_____

SERVICE ADDRESS: _____

NAME: _____ DATE: _____

SSN#: _____

DRIVER'S LICENSE #_____

DATE OF BIRTH: __ __ / __ __ / __ __ __ __

DAYTIME PHONE: __ __ __- __ __ __ - __ __ __ __

EMAIL ADDRESS: _____

Own Rent *(Please circle one)*

## ELIGIBILTY REQUIREMENTS

- COPY OF EDISON BILL WITH CARE PROGRAM NOTED ON IT WITH SAME NAME AND ADDRESS
- RESIDENT MUST LIVE AT THE SERVICE ADDRESS
- THE WATER BILL MUST BE IN THE RESIDENT'S NAME
- THE RESIDENT MUST BE 65 YEARS OF AGE OR OLDER
- DISCOUNT IS ONLY VALID ON ONE ACCOUNT PER CUSTOMER
- MUST PROVIDE PHOTO ID WITH AGE

**DECLARATION** (please read carefully and sign below)

I state that the information I have provided in this application is true and correct. I agree to provide proof of eligibility and to recertify if asked. I understand the discount will be applied to my bill after my application is processed and approved. It will not be retroactive towards past invoices. I agree to inform the City of Garden Grove if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received.

X_____ _____
Customer Signature Date

If you have any questions regarding this program, please contact us at (714) 741-5078
We are available Monday through Thursday 7:30 A.M. to 5:30 P.M. and every other Friday 7:30 A.M. to 5 P.M.
If mailing your application, please include your proof of eligibility documentation and mail to:

City of Garden Grove Water
PO BOX 3070
Garden Grove, CA 92842

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OFFICE USE ONLY

VERIFIED: RESIDIENCE _____ D.O.B. _____ CARE ENROLLMENT _____