



City of El Segundo

Department of Public Works/Water Division

APPLICATION FOR LIFELINE RATES and ANNUAL RENEWAL: 2025-JULY 31, 2026

Residents who apply and qualify for Lifeline Rates will receive the following:

WATER RATE

50% of the regular potable water rate for the first 10 units or 7480 gallons of water used monthly.

SEWER RATE

50% of the regular rate for all sewer charges.

REQUIREMENTS FOR ELIGIBILITY

1. The applicant must be a resident and user of the water service at the address specified on this application; service must be in the name of the applicant.
2. The water meter must be for residential use and shall be limited to one-inch or smaller size meters. *Applicants who would otherwise qualify, but are billed through a master meter serving multiple housing units, are not eligible to receive the water lifeline rate.*
3. The combined adjusted gross income of all members of the household in which the applicant resides may not exceed the amount as specified on this application.

Eligibility for these discounts terminates if these requirements are not met. The Water Division of Public Works must be notified when such a change occurs. Failure to do so will require prompt payment of all unpaid charges that accrue between the date of ineligibility and the date of discovery.

Lifeline eligibility *must* be renewed annually. Return/drop off this completed application form along with the required documents by July 31, 2025 to the following address:

City of El Segundo
Lifeline Renewal
Attn: Water Division
350 Main St.
El Segundo, California 90245

Courtesy reminder letters will be sent out in June of each year to current Lifeline participants.

SUBMIT THE FOLLOWING:

1. Proof of applicant's income eligibility:
 - a. A signed photocopy of the California Alternate Rates for Energy ("CARE") program application form, or other competent acceptable evidence of CARE qualification and enrollment such as a recent Southern California Electric, Southern California Gas or telephone billing statement, *or*;
 - b. A copy of the applicant's California State or Federal Income Tax Return for the most recent year ending December 31st (cross out or otherwise remove your Social Security Number), and;
2. Proof that the applicant resides at the residence.

APPLICANT NAME (Last, First):

STREET ADDRESS:

CITY, STATE, ZIP CODE:

Number of People at this Address (check one):	<u>Total Gross Annual Household Income</u>
<input type="checkbox"/> 1-2	\$42,300 or less
<input type="checkbox"/> 3	\$53,300 or less
<input type="checkbox"/> 4	\$64,300 or less
<input type="checkbox"/> 5	\$75,300 or less
<input type="checkbox"/> 6	\$86,300 or less
<input type="checkbox"/> 7	\$97,300 or less
<input type="checkbox"/> 8	\$108,300 or less
<input type="checkbox"/> Each additional person, add \$11,000	

I certify (or declare) under penalty of perjury that I qualify under the above requirements with regard to eligibility:

Signed: _____

Date: _____

Account #: _____

Phone: () _____

OFFICE USE ONLY (Lifeline Annual Renewal Application June 1, 2025 - JULY 31, 2026)

Date Received: _____ Account #: _____

Approved By: _____ Attached Document: _____