



Gateway
to the
San Gabriel Valley

City of Alhambra Application for Residential Utility Assistance Grant

Please complete Sections 1, 3 and 4 and print legibly.

Section 1: Applicant Information

First Name:	Middle:	Last:
Mailing Address:		Telephone
City:	State:	Zip ()
Date of Birth:	Social Security Number:	Driver's License or ID #:
Service Address:		Account Number:

Section 2: Eligibility Criteria

A. Income Limits:

HUD LOW-MODERATE INCOME (LMI) LIMITS			
Household Size	Maximum Income	Household Size	Maximum Income
1	\$66,250	5	\$102,200
2	\$75,700	6	\$109,750
3	\$85,150	7	\$117,350
4	\$94,600	8	\$124,900

Source: U.S. Department of Housing and Urban Development. These income figures are subject to change annually (last Updated: 4/01/21).

B. Please provide the following:

1. Current copy of the past due water utility bill.
2. Copy of Federal Income Tax Returns for all household members, including W-2 forms. Proof of all sources of income for all household members.
3. Proof that the applicant's income has been reduced as a result in loss of wages due to COVID-19.

Section 3: Eligibility Certification

Number of persons living in the household: _____

- | | |
|---------------------------|---------------------------|
| 1. Name: _____ Age: _____ | 5. Name: _____ Age: _____ |
| 2. Name: _____ Age: _____ | 6. Name: _____ Age: _____ |
| 3. Name: _____ Age: _____ | 7. Name: _____ Age: _____ |
| 4. Name: _____ Age: _____ | 8. Name: _____ Age: _____ |

YOU MUST INCLUDE INCOME OF ALL MEMBERS OF THE HOUSEHOLD AND PROVIDE PROOF OF ALL INCOME (FOREIGN OR DOMESTIC).

Source of Income	Household Member #1	Household Member #2	Household Member #3	Household Member #4
Wages				
Social Security				
Pension				
SSI				
Public Assistance				
EDD				
Rental Income				
Other Income				
Sub Total				

(Attach additional page if needed)

Grand Total (Total Income of all Household Members)..... \$ _____

Section 4: Certification Statement - Please read and sign the following:

I hereby certify under penalty of law that I have personally examined and am familiar with the information in this application and that based on my inquiry of those persons immediately responsible for obtaining the information contained herein, I believe that the information is true, accurate, and complete.

Date: _____ Signature: _____

Return application by mail or in person: **City of Alhambra- Utilities Department**
Customer Service Center
Attn: Xiomara Contreras
68 S. First Street
Alhambra, CA 91801

Telephone Number: (626) 570-5061

APPLICATIONS MUST BE RECEIVED OR POSTMARKED BY 5:00PM ON MAY 31, 2022

FOR OFFICE USE ONLY

Received Date: _____ Process Date: _____ Initial _____

___ Approved Amount Granted \$ _____ ___ Denied

Reason for Denial: _____