



Low-Income Discount - Water Bill Application Form

Customer Name: _____ Cycle #: 1 2

Account No: _____ Customer ID No. _____

Service Address: _____ Phone No. _____

In accordance with Benicia Municipal Code Chapter 13.12 (Water Rates and Charges), Section 13.12.010, B (Low-Income Discount), I hereby apply for the Low-Income Discount. I understand that I must meet the eligibility requirements below to qualify.

1. Low-Income Verification: Provide a copy of a recent PG&E bill noting participation in the PG&E CARE (California Alternate Rates for Energy) program.
2. Submit application, copy of your drivers license and copy of your current PG&E bill showing you are on the PG&E Care Program. **(MUST reapply every two years)** _____

(Initial Line)

****The name and address on Water Account MUST match the name and address on the PG&E Account****

By signing below, I certify that I am living at the service address above, and currently receiving the PG&E CARE discount.

Signature _____ Date: _____

Office Use Only:

Received By: _____

Approved or Denied

Added to Account: _____ Scanned to TCM: _____

New: _____ Renewal: _____

Date Received