



## **City of Healdsburg**

### **Utility Department**

401 Grove Street

Healdsburg, CA 95448

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Phone: (707) 431-3330

Visit us at: [www.ci.healdsburg.ca.us](http://www.ci.healdsburg.ca.us)

## **The City of Healdsburg CARE Program**

*Providing Qualifying Residential Utility Customers with Discounted Utility Rates*

Thank you for your interest in the City of Healdsburg CARE Program. Please find the attached CARE Application including the Household Occupancy Summary and if applicable, Declaration of No Income forms, an information packet supplying the program qualification standards & guidelines, a list of helpful energy savings tips, and contact information for some additional resources that may be of interest.

Once the application and related forms have been completed & signed, please return them, along with all required income verification, to:

City of Healdsburg  
Attn: CARE Discount Program  
401 Grove Street  
Healdsburg, CA 95448-4723

Please note, any documentation submitted for determination of eligibility will not be returned to the applicant regardless of results.

Once the review process is complete, you will receive a written confirmation of the acceptance determination. If approved, the CARE discount(s) will be valid for 12 months, beginning the billing date following the date of approval notification.

If you have any questions regarding the City's CARE Program, please contact the CARE Program coordinator at (707) 431-3330.

Kind regards,

# The City of Healdsburg CARE Program

*Providing Qualifying Residential Utility Customers with Discounted Utility Rates*

## What is Healdsburg's City Alternative Rates for Energy (CARE) Program?

While many cities do not offer the CARE program to their residential utility customers, the City of Healdsburg does. Healdsburg's program offers a discount on the monthly electric bill for eligible households. The Electric discount is a 25% discount on the monthly customer charge and first two (2) energy tiers of electric charges. Healdsburg also offers a discounts of 15% on water and 20% on sewer and storm water charges.

## How do I know if I qualify for the CARE program?

You are likely to qualify if you are a current recipient of one or more of these programs:

- Medi-Cal/Medicaid
- Healthy Families Categories A & B
- Woman, Infants & Children (WIC)
- Temporary Assistance for Needy Families
- CalWORKs (TANF) or Tribal TANF
- Head Start Income Eligible (Tribal Only)
- Bureau of Indian Affairs General Assistance (BIA GA)
- National School Lunch's Free Lunch Program (NSL)
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)

To qualify for the Healdsburg CARE Program, you must provide verification of monthly income. Total income **for all persons in your household** must meet the following maximum income guidelines:

### City of Healdsburg CARE Income Qualification Guidelines (Revised 5/4/2020)

| # Persons Per Household | Water, Wastewater, & Drainage Qualifying Income | Electric Qualifying Income |
|-------------------------|---|----------------------------|
| 1                       | \$ 34,480                                       | \$ 65,150                  |
| 2                       | \$ 34,480                                       | \$ 74,450                  |
| 3                       | \$ 43,440                                       | \$ 83,750                  |
| 4                       | \$ 52,400                                       | \$ 93,050                  |
| 5                       | \$ 61,360                                       | \$ 100,500                 |
| 6                       | \$ 70,320                                       | \$107,950                  |
| 7                       | \$ 79,280                                       | \$115,400                  |
| 8                       | \$ 88,240                                       | \$122,850                  |

Income qualifications are based upon 200% of the current Federal Poverty Income Guidelines for water, wastewater, and drainage discounts. Electric income discounts are based upon 80 percent of the area median income. Income limits are updated from time to time and may change without notice.

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## **Conditions for Participation:**

- The City of Healdsburg's CARE program is NOT an entitlement program.
- Discounts will be offered only as long as appropriate resolutions are in effect, as may be modified from time to time, and applicants are deemed eligible.
- The CARE program only applies to City of Healdsburg residential utility customers.
- The CARE program is limited to one (1) applicant per service location.
- The utility services must be in the CARE program applicant's name.
- CARE benefits DO NOT transfer to a new residence when/if applicant moves. A new application is required.
- Income verification must show the name of the person(s) receiving the income and the dates/period covered.
- Applicant must not be claimed as a dependent on another person's income tax return other than that of a spouse.
- Participants must notify the City of Healdsburg within 30 days if their financial situation changes and they no longer qualify.
- At any point, if usage is deemed excessive for the residence & household size, additional documentation may be requested to re-verify eligibility and cancellation of CARE discounts may occur.
- Verification of Identity is required in accordance with City of Healdsburg Resolution #127-2008.
- Fraud and/or misrepresentation of facts for the purposes of qualifying for CARE can result in disqualification of the CARE program and criminal prosecution to recover prior discounts provided.

## **Program Guidelines:**

- All persons in your household, referenced under "Total number of People in Household" on the application, must be individually listed on the Household Occupancy Summary sheet.
- Each person listed on the Household Occupancy Summary form must provide verification of their individual annual gross income on a calendar year basis.
- For each person 18 years of age or older listed on the Household Occupancy Summary that has NO INCOME, a Declaration of No Income form must be completed.
- All persons in the household that complete a Declaration of No Income must be listed as a dependent on the applicant's tax return.
- The total gross household income must not exceed 200% of the current Federal Poverty Income Guidelines. <http://aspe.hhs.gov/POVERTY/index.shtml>
- Once the initial application is approved, an application for renewal is required each subsequent year. It is the applicant's responsibility to re-apply. Discounts will cease after 12 months unless applicant re-applies and is approved for an additional 12 months prior to expiration.
- Any incomplete application will be denied pending resubmission of a fully completed version.

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## **Sources of income that are to be reported:**

- Wages and/or profit from self-employment
- Unemployment benefits
- Insurance or legal settlements
- Social Security, SSP or SSDI
- Disability or workers compensation payments
- Pensions
- Interest or dividends from: savings, stocks, bonds, or retirement accounts
- Spousal or child support
- Scholarships, grants, or other aid used for living expenses
- Rental or royalty income
- Cash or other income

## **Acceptable forms of income verification include:**

- Current copy of paystubs covering one full month of gross income; letter from your employer with gross amount and period covered; Notice of Action from Social Services showing earned income; HUD statement with annual income amount. If stubs are produced, they must be for the most recent month and for consecutive pay periods. The monthly amount will be multiplied by twelve to determine annual income.
- Pension & annuities payments - a check copy; annual statement of pension plan; copy of bank statement showing direct deposit.
- TANF (AFDE)/General Assistance – current “Passport to Services” printout; Notice of Action; verification from worker showing amount & date; current aid summary.
- SSI/SSA – a copy of check within the last 30-days; copy of bank statement showing direct deposit; dated annual benefit letter for current year; computer printout from Social Security office; payee letter showing income amount for current year; Form 2458 from Social Security Office.
- Interest/Dividend Income – current statement from bank(s); current copy of financial statement(s) showing direct deposit; copy of current check.
- Workers Comp/ Disability/Unemployment Benefits – current copy of check stub(s); current printout or award letter.
- Child/Spouse/Individual Support – current court document; copy of check; signed statement from person providing the support; Notice of Action showing support amount.
- Veteran’s Benefits – copy of check; benefit letter; letter of verification from VA; copy of current bank statement showing direct deposit.
- Self-Employment – copy of ledger/journal for past 3 months, signed/dated showing gross receipts, expenses (listed out) and net gross. Also need current Tax Form 1040 and Schedule C.
- Other Sources of Income – current receipts for recycled materials; signed, sworn statement for odd jobs with dollar amount; signed, sworn statement showing amount received from family/friends.
- No Income Verification – signed, sworn Declaration of No Income.

## Energy Savings Tips

**There are several energy-efficient measures you can take to save on energy costs:**

- When buying new appliances, be sure to purchase energy efficient Energy Star labeled models & use front-load washing machines.
- Insulate ceilings to R-30 standards if your attic has less than R-19.
- Caulk windows, doors & anywhere air leaks in or out. DO NOT caulk around water-heater & furnace exhaust pipes.
- Weather-strip around windows & doors.
- Wrap heating & cooling ducts with duct tape or, use mastic sealant.
- Install energy-saver showerheads.
- Set the furnace thermostat to 68 degrees or lower, and the air-conditioning thermostat to 78 degrees or higher, health permitting. 3-5% more energy is used for each degree the furnace is set above 68 degrees & for each degree the air conditioner is set below 78 degrees.
- If your old air conditioner is on its way out, replace it with an Energy Star labeled energy-efficient model.
- Use compact fluorescent lamps. You can lower your lighting bill by converting to energy efficient low-wattage compact fluorescent lighting & fixtures.
- Replace old windows with new high-performance dual pane windows.
- Clean or replace furnace & air-conditioner filters regularly, following manufacturer's instructions.
- Set the water heater thermostat at 140 degrees or "normal". Otherwise, set it at 120 degrees or "low". Check your dishwasher to see if you can use 120-degree water. Follow the manufacturer's instructions on yearly maintenance to extend the life of your unit.
- Fix defective plumbing or dripping faucets. A single dripping hot water tap/pipe can waste 212 gallons of water a month. That not only increases water bills, but also increases the gas or electric bill for heating the water.
- Wash only full loads in a dishwasher & clothes washer, using the shortest cycle that will get your items clean. If operating instructions allow, turn off the dishwasher before the drying cycle and open the door and let the dishes air dry. Hang your clothes on a clothesline to air dry.
- Defrost refrigerators & freezers before ice build-up becomes ¼ inch thick.
- Install shades, awnings or sunscreens on windows facing south and/or west to block summer light. In winter, open shades on sunny days to help warm rooms.
- Close the damper when the fireplace is not being used. Try not to use the fireplace & central heating system at the same time.
- Irrigate between midnight & 6:00 am to reduce water loss from evaporation & wind.
- Use a broom, not a hose, to clean the driveway, deck or patio.
- Use a bucket & hose with an automatic shut-off nozzle when you wash the car or, take your car to a carwash that recycles.
- Cover pools & hot tubs to reduce evaporation.

## Other Programs & Services

**Energy Efficiency Rebates:** The City of Healdsburg offers many energy efficiency rebates that you may be eligible to receive. For rebate applications and more information about the programs and eligibility, please visit <http://www.cityofhealdsburg.org/234/Rebates-Energy-Efficiency>, call (707) 431-3122 or e-mail [energyefficiency@ci.healdsburg.ca.us](mailto:energyefficiency@ci.healdsburg.ca.us).

**In addition, you may qualify for one or more of the programs or services below:**

- **LIHEAP** – Low Income Home Energy Assistance Program provides bill payment assistance, emergency bill assistance and weatherization services. For more information, call the California Dept. of Community Services and Development at 1-800-233-4480. Applications are also available at the Utility Counter at Healdsburg City Hall or by calling 707-431-3307.
- **California Lifeline:** A discounted telephone access for customers meeting similar income guidelines to CARE. For more information, contact your local telephone service provider.
- **Recology:** A discounted on your garbage disposal bill. Simply mail or forward by email a copy of your most current utility bill showing participation in the CARE program to **Recology**. The name and address on your utility account must match the name and address on your **Recology** account. For more information call **Recology** directly at 1-800-243-0291

**NOTE: These programs are not affiliated with the City of Healdsburg. If you have questions about any one of these programs or services, please contact the third-party organization directly via the contact information listed above.**

Thank you

## The City of Healdsburg CARE Program

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### APPLICATION

Complete and return the completed Application to:

City of Healdsburg, City Manager's Office, Discount Program, 401 Grove Street, Healdsburg, CA 95448

#### APPLICANT INFORMATION: *please print or type*

|   |                    |                                    |
|---|--------------------|------------------------------------|
| Name (as it appears on your bill)         | Account Number:    | SSN (last 4 digits):               |
| Home Address (Do not use PO Box)          | Apt/Unit #         | City, State, Zip Code              |
| Mailing Address (if different from above) | Apt/Unit #         | City, State, Zip Code              |
| Home Phone                                | Work/Message Phone | Household's Gross Monthly Income   |
|   |                    | Total # of People in the Household |

#### Public Assistance Program Eligibility: *please "X" ANY and ALL programs for which you participate*

|   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Medi-Cal/Medicaid    | <input type="checkbox"/> Temporary Assistance                         | <input type="checkbox"/> Bureau of Indian Affairs<br>General Assistance | <input type="checkbox"/> Low Income Home Energy<br>Assist. Program (LIHEAP) |
| <input type="checkbox"/> Healthy Families A&B | <input type="checkbox"/> TANF or Tribal TANF                          | <input type="checkbox"/> Food Stamps/SNAP                               | <input type="checkbox"/> Supplemental Security<br>Income (SSI)              |
| <input type="checkbox"/> Woman, Infants       | <input type="checkbox"/> Head Start Income Eligible<br>( Tribal Only) | <input type="checkbox"/> National School Lunch's<br>Free Program        | <input type="checkbox"/> Other: _____                                       |

#### Household Income Eligibility: *please "X" ANY and ALL sources of household income*

|  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Wages and/or Profit<br>from Self Employment | <input type="checkbox"/> Social Security,<br>SSP or SSDI        | <input type="checkbox"/> Interest or Dividends from:<br>Savings, Stocks, Bonds, or<br>Retirement Accts. | <input type="checkbox"/> Rental or<br>Royalty Income |
| <input type="checkbox"/> Unemployment<br>Benefits                    | <input type="checkbox"/> Disability or<br>Workers Comp Payments | <input type="checkbox"/> Spousal or<br>Child Support  | <input type="checkbox"/> Cash or<br>Other Income     |
| <input type="checkbox"/> Insurance or<br>Legal Settlements           | <input type="checkbox"/> Pensions                               | <input type="checkbox"/> Scholarships, grants, or<br>other aid used for living<br>expenses              | <input type="checkbox"/> Other: _____                |

**PROOF OF INCOME, HOUSEHOLD OCCUPANCY SUMMARY AND COPY OF CITY ELECTRIC BILL MUST ACCOMPANY THIS APPLICATION**

#### DECLARATION: *please read and sign*

**I understand the City of Healdsburg reserves the right to request verification of continued economic need at any time, that I must notify the City of Healdsburg of any changes that may affect my eligibility, that this application is valid for twelve (12) months from date of eligibility, and that I must renew my application every twelve (12) months. By signing below, I certify under penalty of perjury that I am 18 years or older and the information contained in this application is true and correct under the laws of the State of California.**

X \_\_\_\_\_  
Customer Signature

X \_\_\_\_\_  
Date

**OFFICE USE ONLY**

Processed By: \_\_\_\_\_

Total Monthly "Gross" pay: \$ \_\_\_\_\_

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**HOUSEHOLD OCCUPANCY SUMMARY**

Please list below the name and age of ALL PERSONS residing in the household and return this page with your CARE application.

**APPLICANT INFORMATION (person who is applying for assistance): *please print or type***

Name (as it appears on your bill)

Account Number:

SSN (last 4 digits):

Home Address (Do not use PO Box)

Apt/Unit #

City, State, Zip Code

**RESIDENT'S INFORMATION (all persons residing in the household): *please print or type***

Name (Full Legal Name)

Age

Name (Full Legal Name)

Age

Name (Full Legal Name)

Age

Name (Full Legal Name)

Age

Name (Full Legal Name)

Age

Name (Full Legal Name)

Age

Name (Full Legal Name)

Age

Name (Full Legal Name)

Age

Name (Full Legal Name)

Age

**DECLARATION: *please read and sign***

I understand the City of Healdsburg reserves the right to request verification of continued economic need at any time, that I must notify the City of Healdsburg of any changes that may affect my eligibility, that this application is valid for twelve (12) months from date of eligibility, and that I must renew my application every twelve (12) months. By signing below, I certify under penalty of perjury that I am 18 years or older and the information contained in this application is true and correct under the laws of the State of California.

X \_\_\_\_\_  
Applicant's Signature

X \_\_\_\_\_  
Date



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**DECLARATION OF NO INCOME**

Complete this form if you are 18 years of age or older and claim no income.

**APPLICANT INFORMATION (person who is applying for assistance): *please print or type***

Name (as it appears on your bill)

Account Number:

SSN (last 4 digits):

Home Address (Do not use PO Box)

Apt/Unit #

City, State, Zip Code

**MEMBER OF HOUSEHOLD INFORMATION (person residing at residence above who is claiming no income): *please print or type***

Name (full legal name)

Mailing Address (if different from above)

Apt/Unit #

City, State, Zip Code

Home Phone

Work/Message Phone

Relationship to Applicant:

Describe how shelter, food, utilities and other bills are paid for:

**DECLARATION: *please read and sign***

**I understand the City of Healdsburg reserves the right to request verification of continued economic need at any time, that I must notify the City of Healdsburg of any changes that may affect my eligibility, that this application is valid for twelve (12) months from date of eligibility, and that I must renew my application every twelve (12) months. By signing below, I certify under penalty of perjury that I am 18 years or older and the information in this application is true and correct under the laws of the State of California.**

X \_\_\_\_\_  
Household Member's Signature

X \_\_\_\_\_  
Date