



# City of Norco

Fiscal & Support Services Department

## APPLICATION FOR HOUSING UTILITY ASSISTANCE PROGRAM

Age: \_\_\_\_\_  
 Applicant Information (Last Name, First Name) \_\_\_\_\_ Street Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
 Full Social Security Number (REQUIRED) \_\_\_\_\_ Driver's License or California ID Number \_\_\_\_\_  
 Do you:  Rent  Own Is the utility bill in your name?  Yes  No  
 If no, whose name appears on the bill? \_\_\_\_\_

**Total Number of People  
at this Address:**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

**Total Gross Annual Household  
Income (cannot exceed):**

- \$40,250 or less
- \$46,000 or less
- \$51,750 or less
- \$57,450 or less
- \$62,050 or less
- \$66,650 or less
- \$71,250 or less
- \$75,850 or less

List All Additional Household Members:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
*(list additional household members on a separate sheet of paper)*

**SUBMIT THE FOLLOWING DOCUMENTATION WITH APPLICATION:**

1. Copy of the most recent City of Norco water bill.
2. Copy of photo I.D. for all household members over 18 years old.
3. Proof of applicant's income eligibility for each household member over 18 years old:
  - a. Evidence of enrollment in the California Alternate Rates for Energy ("CARE") program, such as a recent Southern California Electric, Southern California Gas, or telephone billing statement  
*(CARE participants are automatically qualified and do not need to send in b. or c. listed below)*

**OR (if not on CARE program)**

- b. Copy of a current annual award letter, such as for Social Security, and/or two most recent paystubs **AND**
- c. Copy of the most recent bank account statements from each household member over 18 years old for the following (if applicable): checking, savings, CDs, money market, IRA, etc.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Attached Document(s): \_\_\_\_\_  
 Approved By: \_\_\_\_\_ Account #: \_\_\_\_\_ (Rev. 06-28-19)

## **PROGRAM DESCRIPTION**

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

### **WATER RATE:**

50% of the regular potable water rate for the first 20 units or 14,960 gallons of water used monthly and 50% of the meter fixed rate up to a 1" meter.

### **SEWER RATE:**

50% of the regular rate for all sewer charges including non-connect.

### **EMS FEE:**

An additional monthly savings of the \$4 EMS fee (which covers \$350 per occurrence) will be given to approved applicants as services provided as part of the program.

### **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 applicant's name.
2. The water meter must be for residential use and shall be limited to 1" or smaller size meters.
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 Housing Division or Utility Billing department 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.

The Housing Utility Assistance Program eligibility *must* be renewed annually. Return/drop off this completed application form along with the required documents to the following address:

**City of Norco Housing Division  
Housing Utility Assistance Program  
2870 Clark Avenue  
Norco, California 92860  
Housing Division (951) 270-5625  
HousingDesk@ci.norco.ca.us**