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

Select Total Gross Annual Household Income (cannot exceed):

- ❑ $68,900 or less
- ❑ $78,750 or less
- ❑ $88,600 or less
- ❑ $98,400 or less
- ❑ $106,300 or less
- ❑ $114,150 or less
- ❑ $122,050 or less
- ❑ $129,900 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
   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. **Proof of income must be submitted for each household member over 18 years old to meet State tracking requirements. This is required even if you participate in the CARE Program.**

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

Signed: _____ Date: _____

Household income updated annually: https://www.hcd.ca.gov/funding/income-limits/state-federal-income-limits/state

OFFICE USE ONLY

Date Received: _____ Attached Document(s): _____

Approved By: _____ Account #: _____ (Rev. 6-2-26)

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) 270-5651
HousingDesk@ci.norco.ca.us