

For Utility Use Only:

F			-			-			
---	--	--	---	--	--	---	--	--	--



City of Santa Clara/Silicon Valley Power Financial Rate Assistance Program (F.R.A.P.) Application



SECTION 1: CUSTOMER INFORMATION

Account Number:

0	0	0								-	
---	---	---	--	--	--	--	--	--	--	---	--

Name of Account Holder _____

()
Telephone # _____

Home Address (Do NOT use a P.O. Box) _____

City

Zip Code

Mailing Address (if different from the above address) _____

City

Zip Code

of People in Household: _____

Adults

+

Children (under 18) _____

=

Total

SECTION 2a: PUBLIC ASSISTANCE PROGRAM ELIGIBILITY

CHECK all programs you participate in (if applicable).

(If you or members of your household are NOT enrolled in any of these programs, please skip to Section 2b)

- | | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Healthy Families A & B | <input type="checkbox"/> TANF (AFDC) |
| <input type="checkbox"/> LIHEAP | <input type="checkbox"/> WIC | |

SECTION 2b: HOUSEHOLD INCOME ELIGIBILITY

CHECK all sources of household income.

- | | | |
|--|--|--|
| <input type="checkbox"/> Pensions | <input type="checkbox"/> Wages or Salaries | <input type="checkbox"/> School Grants, Scholarships,
School Loans, or other aid for
living expenses |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Insurance Settlements |
| <input type="checkbox"/> SSI, SSP, SSDI | <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Child Support |
| Interest and/or Dividends from: | <input type="checkbox"/> Disability Payments | <input type="checkbox"/> Spousal Support |
| <input type="checkbox"/> Savings Accounts, | <input type="checkbox"/> Rental or Royalty Income | <input type="checkbox"/> Cash and/or other income |
| <input type="checkbox"/> Stocks or Bonds, or | <input type="checkbox"/> Profit from Self-employment
(IRS form Schedule C, Line 29) | |
| <input type="checkbox"/> Retirement Accounts | | |

FINANCIAL ASSISTANCE GUIDELINE TABLE: (If you earn less than the income in the chart, you should qualify for FRAP)

# of People in Household	Maximum Monthly Income Before Taxes	Maximum Annual Income Before Taxes
1	\$4,404.17	\$52,850
2	\$5,033.33	\$60,400
3	\$5,662.50	\$67,950
4	\$6,291.67	\$75,500
5	\$6,795.83	\$81,550
6	\$7,300.00	\$87,600
7	\$7,804.17	\$93,650
8	\$8,308.33	\$99,700

* These levels are effective as of March 6, 2015.
For households with more than 8 members, please contact us.

Current total combined gross monthly household income before taxes of ALL individuals, including tenants, living in the home

\$

SECTION 3: DECLARATION (Please read and sign below)

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked, and understand that failure to do so will result in removal from the program. I agree to inform the City of Santa Clara if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that Silicon Valley Power may share my information with other utilities or their agents to enroll me in their assistance programs. I give consent to have my eligibility verified yearly.

X _____

Applicant's Signature

Date

Witness' Signature (If you (the applicant) signed with a mark (e.g. X), the mark must be made in the presence of a witness.)



City of Santa Clara/Silicon Valley Power Financial Rate Assistance Program (F.R.A.P.) Application

ABOUT FRAP:

- The Financial Rate Assistance Program (F.R.A.P.) provides a monthly 25% discount to income eligible RESIDENTIAL households on their City of Santa Clara Municipal Utilities electric charges.
-

PROGRAM GUIDELINES:

- The City of Santa Clara utility bill must be in your name.
 - You must live at the address where the discount will be received.
 - You may not be claimed as a dependent on another person's income tax return other than your spouse.
 - You may not share an energy meter with another home.
 - **Your household must meet the income guidelines described in this application. Income includes all individuals, including tenants, residing at the service address. Income verification documents must be provided.**
 - You must notify the City of Santa Clara if your household no longer qualifies for the F.R.A.P. discount.
 - If your name or address has changed, you MUST inform the City of Santa Clara Utility billing office.
 - Your eligibility must be recertified every year.
 - **You must include a copy of your utility bill with your application.**
 - **Effective January 1, 2014, the 25% discount will only apply to the first 800 kilowatt hours (kWh) of monthly energy use.**
-

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR:

- LIHEAP – Low Income Home Energy Assistance Program: Provides bill payment assistance, emergency bill assistance and weatherization services. Call *Sacred Heart Community Energy Service* at 1-877-278-6455 for more information or to request an application.
 - MRAP—Medical Rate Assistance Program: Provides a 25% discount on the utility bill of qualified City of Santa Clara residents with a preexisting medical condition or disability. There is no usage cap for the discount. The MRAP discount cannot be combined with the FRAP discount. Call *City of Santa Clara – Municipal Services* at 408-615-2300 for more information or to request an application.
-

MAIL COMPLETED APPLICATION, INCOME DOCUMENTS AND COPY OF UTILITY BILL TO:

**Energy Efficiency Inc.
ATTN: F.R.A.P.
595 S. Bluff St., Suite 5
St. George, UT 84770**

Toll Free Phone Number: (800) 429-9610