



CITY OF MARTINEZ WATER SYSTEM

Lifeline Application

525 Henrietta St, Martinez, CA 94553
 waterbilling@cityofmartinez.org or (925) 372-3575

Account Number: _____ **Date:** _____

Account Holder(s) Name(s): _____

Street Address: _____ **Phone No. #** _____

List ALL household members. Also include all proof of assistance back up documents:

Name	Relationship to Account Holder	<u>LEGAL</u> Dependent of Account Holder? circle one	Provide Annual Income (if not a <u>legal</u> dependent)	Indicate Type of Government Assistance (see Lifeline Rate Qualification form for list of qualifying programs and attach photocopy)
	Account Holder	N/A		<input type="checkbox"/> Social Security <input type="checkbox"/> SSP or SSDI <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Other Govt Assistance _____
		Yes No		<input type="checkbox"/> Social Security <input type="checkbox"/> SSP or SSDI <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Other Govt Assistance _____
		Yes No		<input type="checkbox"/> Social Security <input type="checkbox"/> SSP or SSDI <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Other Govt Assistance _____
		Yes No		<input type="checkbox"/> Social Security <input type="checkbox"/> SSP or SSDI <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Other Govt Assistance _____

For additional household members, see back.

Please mail or email back this application with **supporting documents** and allow two weeks for processing. The lifeline rate will start on the first bill after the processing is completed. If approved, the Lifeline rate will be good through **June 30, 2026**.

I certify under penalty of perjury that the above information is true and accurate to the best of my knowledge and agree to immediately report any change in eligibility. I agree to repay any cost exemptions I receive while ineligible.

Customer Signature

Date

CITY OF MARTINEZ

LIFELINE RATE QUALIFICATION FORM

Lifeline Rate

Lifeline water rates will reduce the service charge for customers of the Martinez Water system who qualify. For reference, 1 unit = 748 gallons.

Lifeline rates are available to those persons who qualify under the following criteria:

- Have an annual household income of less than the HUD “very low” poverty level set for Contra Costa County, per year, based on the number of people per household; and
- Have historical usage for preceding 12-month period (or shorter if less than 12 months’ history) of no greater than 24 units on average per billing cycle for family of four, plus additional 6 units for each additional member; and
- Occupant of a single family dwelling, (served by a water meter of 1” or smaller); and must recertify with the City Finance Division annually by the due date.

Annual household gross income “Very Low Level” (HUD figures for 2025) as listed below:

<u>Number in Household (primary + dependents)</u>	<u>Annual Gross Income Allowed</u>
One	\$ 55,950
Two	\$ 63,950
Three	\$ 71,950
Four	\$ 79,900
Five	\$ 86,300
Six	\$ 92,700
Seven	\$ 99,100
Eight and up	\$105,500

Proof of Income – Government Assistance

Any of the following will qualify (other programs may apply):

- Social Security
- SSP or SSDI
- Unemployment benefits
- Medicaid/Medi-Cal
- Supplemental Security Income (SSI)
- CalFresh/SNAP (Food Stamps)
- Low Income Home Energy Assistance Program (LIHEAP)
- Women, Infants and Children (WIC)