



**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, 2027**.

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 2026) as listed below:

Number in Household (primary + dependents)	Annual Gross Income Allowed
One	\$ 59,400
Two	\$ 67,900
Three	\$ 76,400
Four	\$ 84,850
Five	\$ 91,650
Six	\$ 98,450
Seven	\$105,250
Eight and up	\$112,050

### 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)