



**Mail Application to:
Sewer Lifeline Rate Assistance Program
10060 Goethe Road
Sacramento, CA 95827**

SLRAP APPLICATION

Please provide the following information, sign the application, attach a copy of your sewer bill, and provide your income documentation or proof of participation in SMUD's or PG&E's low-income assistance program. Your application won't be processed without this information. Blacken out your Social Security and banking numbers before mailing. Your personal documents won't be returned to you.

NAME <i>First</i>	<i>Middle</i>	<i>Last</i>
<hr/>		
PROPERTY ADDRESS <i>Number and Street</i>	<i>City, State</i>	<i>Zip</i>
<hr/>		
MAILING ADDRESS <i>Number and Street</i>	<i>City, State</i>	<i>Zip</i>
<hr/>		
PHONE NUMBER (AREA CODE FIRST)		
() _____		
 <input type="checkbox"/> <i>I certify that my family's total gross income meets the income eligibility requirements.</i>		
My signature gives consent for this information to be shared with other County offices. I permit the proper change to my rate schedule. I agree to inform SRCSD if I no longer qualify for the rebate. I declare under penalty of perjury that the information on this application is true and correct.		
<input type="checkbox"/> _____	_____	_____
<i>Applicant Signature</i>	<i>Date</i>	<i>Witness signature (If applicant signed with a mark)</i>

Enter total gross MONTHLY income for everyone living in your home and attach current proof in income. Proof must match amount on TOTAL line.

CalWORKS	\$ _____	Spousal Support	\$ _____
SSI/SSP	\$ _____	Unemployment	\$ _____
SSA	\$ _____	Pensions	\$ _____
SDA	\$ _____	Wages	\$ _____
TANF	\$ _____	Interest Income	\$ _____
Child Support	\$ _____	Other Income	\$ _____
NUMBER OF PERSONS LIVING IN HOME		TOTAL INCOME	\$ _____

Please complete this form on-line before printing and mailing to us at the address above. Thank you!