



Low Income Gas Discount Program

Long Beach Gas & Oil Department (LBGO) provides a 5% discount on the monthly gas bill for eligible households. To apply for this discount, please complete this application and submit with the required documents to the address provided. The discount will be applied once your completed and signed application is approved by LBGO.

Conditions For Participation:

- The City utility bill is in your name and the address must be your primary address;
- You **must not** be claimed as a dependent on another person's income tax return other than your spouse;
- The annual gross Maximum Household Income does not exceed the applicable value in the chart below;
- You will notify LBGO within 30 days if you no longer qualify for this rate; and,
- You understand that you **must** reapply for the Low Income Gas Discount Program every two years (otherwise the discount will be cancelled until your new application is received. Discount **will not** be retroactive.).

Non-Profit Group Living Facilities are eligible if the following conditions are present:

- The facility has separate gas meter;
- Each resident meets the low-income eligibility standard for a single person household; and,
- 70% of the energy consumed on the low-income gas discount rate must be for residential purposes; and,
- A copy of the most recent Non-profit Tax ID form 501 (c)(3), current California Adult Residential Facility License and/or Condition Use Permit for Homeless Shelter must be provided.

HOW TO QUALIFY FOR THE LOW INCOME GAS DISCOUNT

PUBLIC ASSISTANCE PROGRAMS
If you or someone in your household participates in any of these programs: Medicaid or Medi-cal, Healthy Families A&B, Women, Infants & Children (WIC), CalWORKs (TANF), Tribal TANF, Head Start Income Eligible - Tribal Only, Bureau of Indian Affairs General Assistance, CalFresh/SNAP (Food Stamps), National School Lunch Program (NSLP), Low Income Home Energy Assistance Program (LIHEAP) and/or Supplemental Security Income (SSI)

OR

MAXIMUM HOUSEHOLD INCOME* Effective May 1, 2015	
Number of Persons in Household	Total Annual Income
1-2	\$31,860
3	\$40,180
4	\$48,500
5	\$56,820
Each additional household member, add	\$8,320
*Current household income from <u>all</u> sources before deductions	

OTHER PROGRAMS AND SERVICES YOU MAY QUALIFY FOR

Low Income Senior or Disabled Program: Provides discount on gas, water, sewer and refuse services, exempts customer from paying utility users tax on gas, water, electric and telephone bills and reduces services establishment fees. This program is offered to low income Senior Citizens 62 years of age or older and low income Disabled Citizens who have a qualifying disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423) and Section 102(b)(5) of the Developmentally Disabled Assistance and Bill of Rights Act [42 U.S.C. 6001(7)] who meet certain income requirements. **This program supersedes the low income gas discount and offers greater benefits; you do not need to apply for both.** Please contact the Senior Center at (562) 570-3533 or 3534 and ask for details.

LIHEAP: Low Income Home Energy Assistance Program provides bill payment assistance, emergency bill assistance and weatherization services. Please call Long Beach Community Action Partnership (LBCAP) at (888) 351-4061.

Medical Baseline: Persons with a qualifying medical condition may receive additional therms of gas at the Tier 1 rate. A physician must certify the medical condition. Please call Utility Services at (562) 570-5700.



Low Income Gas Discount Program

Please use **DARK** ink and print clearly to ensure proper processing.

Fill out information as shown on your Utility Bill.

Residential

Non-Profit Group Facility

Account Number:

Customer Name:

Home Address

(street, city, zip) :

Phone Number: (

Email:

Total # of Adults and Children in your household: 1 2 3 4 5 6 If more than 6:

Are you (or someone in your household) enrolled in any of the following assistance programs?

YES (If yes, mark the program(s) of participation. Please provide a **COPY** for verification):

- | | |
|---|--|
| <input type="radio"/> Medi-cal / Medicaid: Under Age 65 | <input type="radio"/> Low Income Home Energy Assistance Program (LIHEAP) |
| <input type="radio"/> Medi-cal / Medicaid: 65 or older | <input type="radio"/> Supplemental Security Income (SSI) |
| <input type="radio"/> Healthy Families Categories A & B | <input type="radio"/> National School Lunch Program (NSLP) |
| <input type="radio"/> Women, Infants and Children Program (WIC) | <input type="radio"/> Bureau of Indian Affairs General Assistance (BIA GA) |
| <input type="radio"/> CalWORKs (TANF) or Tribal TANF | <input type="radio"/> Head Start Income Eligible - Tribal Only |
| <input type="radio"/> CalFresh / SNAP (Food Stamps) | |

NO What is your yearly household income (before deductions, including all members of the household)?

- \$0 - \$31,860 \$31,860 - \$40,180 \$40,180 - \$48,500 \$40,500 - \$56,820 \$56,820 - \$65,140
- If more than \$55,820 per year, enter amount here: \$ _____

Please mark your sources of income (please provide a **COPY** for verification):

- | | | |
|---|---|--|
| <input type="radio"/> Social Security | <input type="radio"/> Wages and/or Profit from Self Employment | <input type="radio"/> Spousal or Child Support |
| <input type="radio"/> SSP or SSDI | <input type="radio"/> Unemployment Benefits | <input type="radio"/> Scholarships, grants or other aid used for living expenses |
| <input type="radio"/> Pensions | <input type="radio"/> Insurance or Legal Settlements | <input type="radio"/> Rental or Royalty Income |
| <input type="radio"/> Interest of Dividends from: Savings, Stocks, Bonds or Retirement Accounts | <input type="radio"/> Disability or Workers Compensation Payments | <input type="radio"/> Cash or Other Income |

I declare the information I have provided in this application is true and correct. I agree to provide further proof of income if requested. I agree to inform LBGO if I no longer qualify to receive the discount. I understand that if I receive the discount without meeting the qualifications, or fail to provide proof of income, I may be required to pay the City of Long Beach for all discounts I received.

Signature _____

Date _____

Please mail your application with copies of your income qualifying documents to:

Long Beach Gas & Oil
 Attn: Low Income Gas Discount Program
 2400 East Spring Street, Long Beach, CA 90806
 (562) 570-2068