



El Dorado Irrigation District

2890 Mosquito Rd, Placerville CA 95667 Ph. 530-642-4000

Application for Low-Income Assistance for Residential Wastewater Customers

Form must be completed in its entirety and all information must be furnished in order to process this request

Customer Information: (Please print clearly)

Application Type: New Renewal

Name on Account: _____ Account Number: _____

Service Address: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Requested By: Owner Tenant
Preferred Method of Contact: Phone Email
Number of People in Household: _____ Adults _____ Children

In order to qualify you must meet all eligibility requirements listed below:

- I pay EID for residential wastewater service
- I receive a discounted rate through PG&E's CARE program for the same address and in the same name
- I live at the property that receives these services and the EID bill is in my name

Declaration and Signature

- I have included a copy of my current PG&E bill in my name reflecting the same address in which I receive wastewater service through EID.
- I agree to notify EID if I no longer qualify to receive assistance through the PG&E CARE program. Should I fail to do so I understand that I may be back-billed for the discounted rate received and be ineligible to reapply for 12 months.
- I agree to keep my EID account contact information up to date and in good standings. I understand that should my account become delinquent more than 120 days I may be removed from the program and will be ineligible to reapply for 12 months, during which time the account must remain in good standings.
- I understand that I must reapply for the program every two years as outlined in Administrative Regulation 9056. I understand that failure to do so may result in being removed from the program.
- I understand that the program can be suspended or modified at any time and that I have no entitlement to receive assistance.
- I certify, under penalty of perjury, that the information included in and with this application is true and correct.

Signature (Person who's name appears on the EID bill)

Date

Submit by Mail or In Office to:

Submit by Fax or Email to:

El Dorado Irrigation District
Attention: Utility Billing Low-Income
2890 Mosquito Rd
Placerville, CA 95667

Fax Number: 530-622-8569
Email: lowincome@eid.org

For Internal Use Only:

Verification: CARE PG&E Bill Included Residential Wastewater Customer Authorized Customer

Approved Denied Denial Reason: _____ Denial Letter Sent

Placed on Eligibility List Date Placed: _____

Date Processed: _____ Processed By: _____

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