



**El Dorado Irrigation District**

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

**Application for Low-Income Assistance for Residential Wastewater Customers**

**Account balance must be current, 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 (enter zero if none)

**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 current and in good standings and my contact information up to date. 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](mailto:lowincome@eid.org)

For Internal Use Only:

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

Approved  Denied Denial Reason: \_\_\_\_\_  Denial Letter Sent

Placed on Eligibility List Date Placed: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_

Rate Updated  Approval Letter Sent  Logged  Alert