

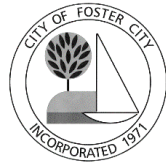
**Income Qualification**  
(7/1/2023 - 6/30/2024)

<b>Household Size</b>	<b>Total Gross Annual Income</b>
1-2 Persons	\$36,620
3 Persons	\$46,060
4 Persons	\$55,500
5 Persons	\$64,940
Each additional person, add	\$9,440

**Application**

If you are eligible and would like to participate, Submit proof of income along with the completed application to:

Estero Municipal Improvement District  
Water/Wastewater Rate Assistance Program (W/WRAP)  
610 Foster City Boulevard  
Foster City, CA 94404



**Estero Municipal Improvement District**  
**Water/Wastewater Rate Assistance Program (W/WRAP)**

**Program Description**

The W/WRAP is intended to provide rate relief to eligible and qualified account holders who demonstrate need by providing up to \$15 per month each on their qualifying Water and Wastewater accounts, not to exceed a \$30 per month discount per customer. In no case shall the discount exceed the amount of the monthly bill.

Applicants enrolled in PG&E's rate assistance CARE program are automatically qualified for W/WRAP. Customers who do not participate in CARE can qualify by submitting the application and documentation of income identified in this application. Once enrolled, the discount will automatically appear on your next month's bills.

**Program Qualification**

To qualify for the discount you must meet the following requirements:

- The bill must be in your name
- You must live at the address to which the discount applies.
- Your home may not share a water meter.
- Another person (besides your spouse) may not claim the applicant as a dependent on an income tax return.
- You must demonstrate that you meet the eligibility requirements.

**APPLICATION FOR WATER/WASTEWATER  
RATE ASSISTANCE PROGRAM (W/WRAP)  
(Please type or print legibly)**

**1** I am a primary residential customer of Estero Municipal Improvement District  
(Application must be in the account holder's name)

\_\_\_\_\_  
Name as shown on your EMID account

\_\_\_\_\_  
Address where you receive water service

-   
EMID Account Number (11 digits)

Daytime Phone: \_\_\_\_\_

# of Adults: \_\_\_\_\_ # of Children: \_\_\_\_\_

Total residents in household: \_\_\_\_\_

**2A Public Assistance Program Eligibility**

CHECK all programs you participate in, then GO TO section 3

- Medicaid/Medi-Cal (under age 65)
- Medicaid/Medi-Cal (age 65 and older)
- SSI
- Food Stamps/SNAP
- LIHEAP
- WIC
- Healthy Families A & B
- TANF or Tribal TANF
- NSL FREE Lunch Program
- Bureau of Indian Affairs General Assistance
- Head Start Income Eligible (Tribal Only)

**If you do not participate in any of the above programs, GO TO section 2B**

**2B Household Income Eligibility**

Check all sources of household income.

- Pensions
- Social Security
- SSP, SSDI
- Interests/Dividends from: Savings Accounts, Stocks, Bonds or
- Retirement Accounts
- Wages and/or Profits from Self-Employment
- Rental or Royalty Income
- Unemployment Benefits
- Disability or Workers Compensation Payments
- Scholarships, Grants or Other Aid for Living Expenses
- Insurance or Legal Settlements
- Spousal or Child support
- Cash and/or Other Income

**Total Annual Household Income**

\$  ,

**3 Declaration (Read and Sign)**

I state that the information I have provided in this application is true and correct. I agree to provide proof of income if asked. I agree to inform EMID if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received. I understand that EMID can share my information with other utilities or their agents for the purpose of enrolling me in their assistance programs.

**X**

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

CITY APPROVAL	
_____ Public Works reviewed by	_____ Public Works approved by
_____ Finance reviewed by	_____ Finance approved by