

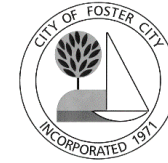
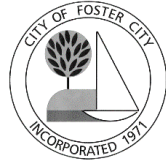
Income Qualification
(7/1/2024 - 6/30/2025)

Household Size	Total Gross Annual Income
1-2 Persons	\$39,440
3 Persons	\$49,720
4 Persons	\$60,000
5 Persons	\$70,280
Each additional person, add	\$10,280

Application

If you are eligible and would like to participate, Submit PG&E bill showing enrollment in the CARE program or other proof of income required by this application 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.

A copy of a PG&E bill showing enrollment in the CARE rate assistance program along with this completed application will qualify applicants for the W/WRAP program. Customers who do not participate in CARE can qualify by submitting the application and other documentation of income identified in this application. Once the application is processed and the account is enrolled, the discount will automatically appear on the following month's bill.

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

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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

- ☐ PGE CARE
- ☐ 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

\$

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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