

UNION PUBLIC UTILITY DISTRICT
 339 MAIN STREET
 MURPHYS, CA 95247-9626
 PHONE (209) 728-3651

Union Public Utility District Water DROP Assistance Application

The UPUD Domestic Residential Opportunity Program (DROP) Assistance provides a \$10 discount on water bills for eligible customers with low incomes.

To apply, an applicant must turn in a completed, signed application, along with income verification (see Section B for income verification requirements). Additionally, if the applicant is a tenant, they must be added to the account by the owner.

Once applicants are approved by UPUD staff, they will be notified in writing and receive the following credits: \$10 per monthly billing period

Section A: Eligibility Criteria (Required)

To apply for DROP, you must meet the following criteria:

1. You have only one water account with UPUD.
2. Your water bill is in your name.
3. You are a full-time resident at the address where the discount will be received.
4. You are not claimed as a dependent on another person's tax return. To stay in the program, participants will be required to reapply for the program annually.
5. Your total combined household gross income does not exceed the program income guidelines. Refer to the table below to see if your household qualifies:

Section B: Income Verification (Required)

Must show proof that you are currently enrolled in the PG&E CARE Program, CalWORKs, CalFresh, General Assistance, Medi-Cal, Supplemental Security Income/State Supplementary Payment Program, or California Special Supplemental Nutrition Program for Women, Infants, and Children.

Customer Information

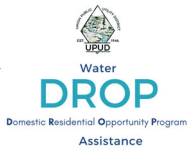
Applicant's Name: _____ Account Number: _____ - _____

Service Address: _____

Mailing Address: _____

Telephone (Home): _____ (Cell): _____

Email Address: _____ Requested by: Owner Tenant



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Declaration Signature

By signing below, I certify that:

- I meet all eligibility criteria listed under Section A.
- I have provided income verification, as required in Section B. I agree to notify UPUD immediately of any change in my household that affects eligibility for the discount. If I fail to provide the information requested or receive the discount when my household was not eligible, I will be removed from the program and may be liable for repayment of the discount from the time that the discount was received.
- I declare that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false information may disqualify me from the Domestic Residential Opportunity Program.

Signature of applicant: _____ Date: _____

Mail or drop-off completed application to:
Union Public Utility District
339 MAIN ST, MURPHYS CA 95247

FOR DISTRICT USE:

Date received: _____ Approved Placed on waitlist Denied

Denial reason: _____