

For Utility Use Only:

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City of Santa Clara/Silicon Valley Power Financial Rate Assistance Program (F.R.A.P.) Application



SECTION 1: CUSTOMER INFORMATION

Account Number:

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Name of Account Holder _____

() _____
Telephone #

Home Address (Do NOT use a P.O. Box) _____

City _____

Zip Code _____

Mailing Address (if different from the above address) _____

City _____

Zip Code _____

of People in Household:

_____ Adults

+

_____ Children (under 18)

=

_____ Total

SECTION 2a: PUBLIC ASSISTANCE PROGRAM ELIGIBILITY

CHECK all programs you participate in (if applicable).

(If you or members of your household are NOT enrolled in any of these programs, please skip to Section 2b)

<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Healthy Families A & B	<input type="checkbox"/> TANF (AFDC)
<input type="checkbox"/> LIHEAP	<input type="checkbox"/> WIC	

SECTION 2b: HOUSEHOLD INCOME ELIGIBILITY

CHECK all sources of household income.

<input type="checkbox"/> Pensions	<input type="checkbox"/> Wages or Salaries	<input type="checkbox"/> School Grants, Scholarships, School Loans, or other aid for living expenses
<input type="checkbox"/> Social Security	<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Insurance Settlements
<input type="checkbox"/> SSI, SSP, SSDI	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Child Support
Interest and/or Dividends from:	<input type="checkbox"/> Disability Payments	<input type="checkbox"/> Spousal Support
<input type="checkbox"/> Savings Accounts,	<input type="checkbox"/> Rental or Royalty Income	<input type="checkbox"/> Cash and/or other income
<input type="checkbox"/> Stocks or Bonds, or	<input type="checkbox"/> Profit from Self-employment (IRS form Schedule C, Line 29)	
<input type="checkbox"/> Retirement Accounts		

FINANCIAL ASSISTANCE GUIDELINE TABLE: (If you earn less than the income in the chart, you should qualify for FRAP)

# of People in Household	Maximum Monthly Income Before Taxes	Maximum Annual Income Before Taxes
1	\$6,062.50	\$72,750
2	\$6,929.17	\$83,150
3	\$7,795.83	\$93,550
4	\$8,658.33	\$103,900
5	\$9,354.17	\$112,250
6	\$10,045.83	\$120,550
7	\$10,737.50	\$128,850
8	\$11,429.17	\$137,150

* These levels are effective as of April 24, 2019.

For households with more than 8 members, please contact us.

Current total combined gross monthly household income before taxes of ALL individuals, including tenants, living in the home

\$

SECTION 3: DECLARATION (Please read and sign below)

I certify that the information I have provided in this application is true and correct. I agree to provide proof of income, and understand that failure to do so will result in removal from the program. I agree to inform the City of Santa Clara if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, or if I provide false information to support this application, I may be required to pay back the discount I received. I understand that Silicon Valley Power may share my information with other utilities or their agents to enroll me in their assistance programs. I give consent to have my eligibility verified yearly. I have read and understood the contents of the application and the Guidelines of the Program, and agree to abide by them.

X _____

Applicant's Signature

Date

Witness' Signature (If you (the applicant) signed with a mark (e.g. X), the mark must be made in the presence of a witness.)



City of Santa Clara/Silicon Valley Power Financial Rate Assistance Program (F.R.A.P.) Application

ABOUT FRAP:

- The Financial Rate Assistance Program (F.R.A.P.) provides a monthly 25% discount to income eligible RESIDENTIAL households on their City of Santa Clara Municipal Utilities electric charges.
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PROGRAM GUIDELINES:

- **Your household must meet the income guidelines described in this application. Income includes all individuals, including tenants, residing at the service address. Income verification documents must be provided.**
 - The City of Santa Clara utility bill must be in your name.
 - You must live at the address where the discount will be received.
 - You may not be claimed as a dependent on another person's income tax return other than your spouse.
 - You may not share an energy meter with another home.
 - You must notify the City of Santa Clara if your household no longer qualifies for the F.R.A.P. discount.
 - If your name or address has changed, you MUST inform the City of Santa Clara Utility billing office.
 - Your eligibility must be recertified every year.
 - ***Effective January 1, 2014, the 25% discount will only apply to the first 800 kilowatt hours (kWh) of monthly energy use.***
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OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR:

- **LIHEAP – Low Income Home Energy Assistance Program:** Provides bill payment assistance, emergency bill assistance and weatherization services. Call *Sacred Heart Community Energy Service* at 1-877-278-6455 for more information or to request an application.
 - **MRAP—Medical Rate Assistance Program:** Provides a 25% discount on the utility bill of qualified City of Santa Clara residents with a preexisting medical condition or disability. There is no usage cap for this discount. The MRAP discount cannot be combined with the FRAP discount. Call *City of Santa Clara – Municipal Services* at 408-615-2300 for more information or to request an application.
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MAIL COMPLETED APPLICATION AND INCOME DOCUMENTS TO:

**SILICON VALLEY POWER
F.R.A.P.
PO BOX 162
SANTA CLARA CA 95052-0162**

**Phone Number: (408) 244-7283
FAX Number: (408) 244-2990**

Required Income Document Guide

The chart below contains examples of required income documents. You must include documentation of income from all sources for **ALL** people living in the household who are 18 years or older. Income documents must be current and must include gross income (before deductions) for the last **30 Days**. Each person living in your household who is 18 years and older and who does not receive income, needs to sign and fill out "**Survey of No Income and Expenses**". Please include this with your application.

Note: For your protection, please black out Social Security and/or bank account numbers on all copies.

If you participate or receive income from:	You can send us a copy of:
Wages, Salaries and Commissions	Two Consecutive Check Stubs
Pensions, Social Security, SSP, SSDI, Disability Payments, Workers Compensation, Unemployment Benefits, VA Benefits, Foster Care Payments	Award Letters, Check Stubs, Bank Statements (to show direct deposit)
Medicaid/Medi-Cal, Supplemental Security Income (SSI), CalFresh/SNAP (Food Stamps), LIHEAP, WIC, Healthy Families A & B, CalWORKs (TANF), Tribal TANF, National School Lunch Program (NSLP), Bureau of Indian Affairs General Assistance, Head Start Income Eligible (Tribal Only)	Award Letters, letter of participation in the program
School Grants, School Loans, Scholarships, or Other Aid	Award Letters, Statements
Insurance and/or Legal Settlements	Settlement document
Child and/or Spousal Support	Court Documents, Letters, Check Stubs
Farm Income	First page of IRS Form 1040
Interest and/or Dividends from: Savings, Stocks, Bonds, or Mutual Funds	Investment account statement(s), bank statement, and/or first page of IRS Form 1040
401K, IRA Withdrawals, Retirement Accounts, or Annuities	Investment account statement(s) and/or bank statement
Capital Gains	Investment account statement(s) and/or first page of IRS Form 1040
Rental and/or Royalty Income	First page of IRS Form 1040
Profit from Self-Employment	First page of IRS Form 1040 AND 1040 Schedule C
Gambling/Lottery Winnings	Determined on case-by-case basis
Union Strike Fund Benefits	Benefit Payment Stubs
Cash Income (when you have not filed Federal or State taxes)	Provide a signed letter detailing: the type of work, estimated monthly amount of cash payment, and employer name and phone number
Monetary Gifts, none of the examples above apply, or If you do not receive any income	Complete and sign " Survey of No Income and Expenses "

PLEASE SEND COPIES ONLY, WE DO NOT RETURN DOCUMENTS