



**WATER AND  
POWER**

# LIFELINE PROGRAM APPLICATION

BurbankWaterAndPower.com | Customer Service: (818) 238 - 3700 | Lifeline@burbankca.gov

**Lifeline Offers Income Qualified Customers an Exemption from the Monthly Customer Service Charge, the Utility User’s Tax, and a Reduced Rate on Electric Service**

## Step 1: Determine if You Are Qualified for the Lifeline Program

Is anyone in your household least 62 years old **and** does your household meet the income qualifications below?

**OR** →

Is someone in your household permanently disabled **and** does your household meet the income qualifications below?

**If you meet either of these two conditions you qualify for Lifeline.**

**Move on to Step #2.**

**Income Qualifications for Lifeline - Please check the box matching your family size:**

Household Size	Household Yearly Income	Household Size	Household Yearly Income
One Person <input type="checkbox"/>	Less than \$44,150	Five People <input type="checkbox"/>	Less than \$68,100
Two People <input type="checkbox"/>	Less than \$50,450	Six People <input type="checkbox"/>	Less than \$73,150
Three People <input type="checkbox"/>	Less than \$56,750	Seven People <input type="checkbox"/>	Less than \$78,200
Four People <input type="checkbox"/>	Less than \$63,050	Eight or More People <input type="checkbox"/>	Less than \$83,250

## Step 2: Provide Your Personal Information

Applicant’s Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ BWP Account Number: \_\_\_\_\_

Name on BWP Account (only if different than Applicant): \_\_\_\_\_

## Step 3: Please Tell Us About Your Household

List all home/unit occupants over the age of 18:

Household Member Name	Relationship to Applicant	Date of Birth (Month/Day/Year)
	Self	



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### What is Your Monthly Housing Costs?

Rent	Section 8 Housing Aid	Total	Mortgage
		\$	

### If None, Please Explain Why:

If you no longer make payments due to owning your home, please provide a copy of the previous year's property tax bill.

### List all Income for Yourself and All Adult Members of Your Household:

Type of Income Received	Amount	Circle Either Weekly OR Monthly
Social Security	\$	Weekly / Monthly
SSI	\$	Weekly / Monthly
Wages	\$	Weekly / Monthly
Pension	\$	Weekly / Monthly
Interest Income	\$	Weekly / Monthly
Annuity	\$	Weekly / Monthly
Disability	\$	Weekly / Monthly
Spousal/Child/Family Support	\$	Weekly / Monthly
Welfare/Food Stamps	\$	Weekly / Monthly
AFDC/CAPI	\$	Weekly / Monthly
Other	\$	Weekly / Monthly
<b>TOTAL:</b>	\$	

If your income does not cover the housing total costs, or if you receive support from anyone who pays part of your rent, please provide a letter explaining this.

**Step 4: If You are Permanently Disabled, Your Doctor Must Complete the Form on Page 4**

**Step 5: Provide Copies of Required Documentation for ALL Household Members**

- Official IRS documents for: Tax Return / Tax Return Transcript / Wage and Income Transcript  
*Previous returns and transcripts available at: [IRS.gov/individuals/get-transcript](https://www.irs.gov/individuals/get-transcript)*
- Two months of recent bank statements showing Social Security direct deposits.
- Any verification of income assistance with: Burbank Housing Authority (BHA) Section 8 program, Medi-Cal / Medicaid, CalWORKs, CalFresh, Supplemental Security Income (SSI), Refugee Assistance Program, Cash Assistance Program for Immigrants (CAPI), Low Income Home Energy Assistance Programs (LIHEAP).



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## Step 4: Read and Accept the Lifeline Program Terms and Conditions

### DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

As a customer of Burbank Water and Power (BWP), I hereby claim eligibility and make application for the Lifeline program. A new application must be completed when there is a change of address, change in the number of members in the household, change in household income, and/or once every two years when an update is due. I hereby grant right of access to my residence during regular business hours to BWP employees for verification of information given on this application. I understand that refusal of access for this purpose as well as refusal to provide all documentation requested will be considered just cause for denial of Lifeline rate assistance and if my account becomes delinquent I will be subject to the collection process up to and including disconnection of services.

While applying for rate assistance with BWP, I understand that prior to, or at any time after the acceptance of my application, an ID validation and a credit check with a soft hit (that will not affect my credit) may be completed. I understand that any Consumer Report or Investigative Consumer Report requested would be used strictly for permissible purposes due to a legitimate business need for the information in connection with the application for the rate assistance with BWP initiated by you. I understand, to be considered, I must authorize the procurement of such Report(s). A photographic or faxed copy of this form shall be as valid as the original.

I hereby authorize the Burbank Housing Authority to release any information regarding my housing assistance contract that may be requested by BWP.

**Note:** Burbank Water and Power makes every effort to prevent interruption of service. However, power outages may be caused by unforeseen circumstances and continuous service cannot be guaranteed. It is recommended that customers using life support equipment acquire back-up systems and make plans appropriate for their circumstances.

**WARNING!** Title 18, Section 1001 of the United States code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

**BWP reserves the right to back bill an applicant if they are found to have committed fraud with respect to the information provided on this application.**

**I understand that it is my responsibility to have battery back-up for the life support equipment in my home.**

**I do hereby swear and attest that all information contained in this application about me or my household members is true and correct.**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Application Prepared By: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

## Step 7: Submit Your Lifeline Application via Email, Mail, Fax or Drop Off in Person

**Mail:**  
Burbank Water and Power  
P.O. Box 631  
Burbank, CA 91503-0631

**Email:**  
Lifeline@burbankca.gov  
Please use "Lifeline Application"  
in the subject line.

**Drop Off:**  
Burbank Water and Power  
164 W. Magnolia  
Burbank, CA 91502-1720

**Fax:**  
(818) 238-3715



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# LIFELINE - STATEMENT OF CERTIFICATION

BurbankWaterAndPower.com | Customer Service: (818) 238 - 3700 | Lifeline@burbankca.gov

**This Form Must Be Completed by the Lifeline Applicant's Physician Licensed to Practice Medicine in the State of California to certify eligibility for any Lifeline applicant under the age of 62.**

**Step 1: Please Tell Us About Your Patient**

Patient Name: \_\_\_\_\_

Patient's Diagnosis (Please do not abbreviate): \_\_\_\_\_

Is your patient permanently disabled?  Yes  No

Does your patient's diagnosis prevent them from being gainfully employed?  Yes  No

Does your patient require the use of Life Support equipment in the home?  Yes  No

If patient uses Life Support equipment, please provide details for the ALL equipment below:

Medical Equipment	Manufacturer (Do Not Abbreviate)	Required Hours Per Day	Equipment Use (Check One)
			<input type="checkbox"/> Constant <input type="checkbox"/> Intermittent
			<input type="checkbox"/> Constant <input type="checkbox"/> Intermittent
			<input type="checkbox"/> Constant <input type="checkbox"/> Intermittent
			<input type="checkbox"/> Constant <input type="checkbox"/> Intermittent
			<input type="checkbox"/> Constant <input type="checkbox"/> Intermittent

In your opinion, is the equipment described above necessary to maintain life?  Yes  No

Does your patient have back-up battery power for their personal needs?  Yes  No

If No, please discuss back-up battery needs with your patient.

**Step 2: Please Provide Your Personal Information**

Doctor's Name: \_\_\_\_\_

CA License Number: \_\_\_\_\_ Phone: (      ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby certify that the above information is true and accurate as of the date signed.

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 3: Please Return Completed Statement of Certification to Your Patient**