



The Los Angeles Department of Water and Power (LADWP) offers a residential Low Income Discount Program (LIDP) rate for customers within qualifying income levels. This rate reduces the cost of electricity, water, and sewer services for the participants' permanent, primary residence.

"Income" shall be defined as the combined gross income, whether taxable or non-taxable, of all persons who live in the household, which includes but is not limited to: the derived income from salaries, wages, child support, alimony, interest, rental income, dividends, Aid to Families with Dependent Children, Social Security income, spousal support payments, veteran benefits, disability, unemployment, retirement, cash, tips, public assistance, food stamps, and all employment-related non-cash income. All such income may not exceed the following criteria:

MEMBERS IN HOUSEHOLD	MAXIMUM ANNUAL GROSS INCOME
1 – 2	\$ 30,500
3	\$ 35,800
4	\$ 43,200
5	\$ 50,600
6	\$ 58,000
For each additional person add...	\$ 7,400 per member

To establish eligibility you must complete the enclosed application and return, along with any supporting proof of income for each individual in the household, to the LADWP.

Applicants may receive the discount only after LADWP verifies their application.

The applicant must be the customer of record with LADWP and cannot be claimed on another person's Income Tax Return as a dependent.

Proof of income for each member of the household must be included with the completed application. Proof of income is a copy of any one of the following:

- Previous year State or Federal Income Tax Return; or
- Previous year Social Security Benefit Statement; or
- Copy of previous year Social Security Check or SSI check; or
- Previous year SSI Disability Award Letter; or
- Award Letter (Notice of Action) for CALWORKS, CAPI, General Relief, or Food Stamps; or
- Paycheck stubs; or
- Unemployment Benefits;
- If none of the above are applicable, you must provide a NOTARIZED LETTER from your employer stating income.

If you have questions on the Low Income Discount Rate, please call the LADWP Customer Contact Center at:

Metropolitan Los Angeles:	(213) 481-5411
Other areas:	(800) 342-5397
Hearing/Speech Impaired Customers:	(800) 735-2922

Mail your completed application and other proof of income document(s) to:

L.A. Department of Water and Power  
LIDP, Room L63  
P.O. Box 515407  
Los Angeles, CA 90051-6707

For information about this or other LADWP programs log on to [www.ladwp.com](http://www.ladwp.com).



# Low Income Discount Application Form

Residential Customer:

Thank you for your interest in participating in the City of Los Angeles Low Income Discount Program (LIDP). Customers participating in this program will be required to verify and declare their eligibility on a recurring basis or be removed from the program. **Customers who do not provide proof of income, or households not meeting the eligibility guidelines will not be entered or renewed in the program.**

Please provide all the information requested below and your proof of income as described in the attached Low Income Rate Information and Application Instructions and mail the forms and the proof of income to the Los Angeles Department of Water and Power (LADWP), LIDP, Room L63, P.O. Box 515407, Los Angeles, CA 90051-6707.

## I. Applicant Information:

*(Please print clearly)*

LADWP Customer of Record Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

22 Digit LADWP Account Number: \_\_\_\_\_

Last (4) Digits of Social Security Number: \_\_\_\_\_

Home Telephone Number: (        ) \_\_\_\_\_

Mobile Telephone Number: (        ) \_\_\_\_\_

## 2. Income Information:

Number of people living in Household: Total \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_

Combined Gross Annual Household Income: \$ \_\_\_\_\_

New Applicant:    Yes \_\_\_    No \_\_\_                      Renewal:    Yes \_\_\_    No \_\_\_

Are you currently a client of the Housing Authority of the City of Los Angeles?    Yes \_\_\_    No \_\_\_

## 3. Declaration: Please read and sign below.

I state that the information I have provided in this application is true and correct. I agree to provide proof of LIDP eligibility if asked or be removed from the program. I agree to inform LADWP 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. By affixing my signature, I hereby expressly consent to the Los Angeles Department of Water and Power sharing the information that qualifies me for the Low Income Discount Program with other utilities or agencies for the purpose of enrolling me in their similar low-income assistance programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_