



CARE LOW INCOME SENIOR DISCOUNT APPLICATION

WATER ACCOUNT # _____

EDISON ACCOUNT# _____

SERVICE ADDRESS: _____

NAME: _____ DATE: _____

SSN#: _____

DRIVER'S LICENSE # _____

DATE OF BIRTH: ___ / ___ / _____

DAYTIME PHONE: ___ - ___ - _____

EMAIL ADDRESS: _____

Own Rent (Please circle one)

ELIGIBILITY REQUIREMENTS (Must meet ALL Eligibility Requirements to qualify.)

- COPY OF EDISON BILL WITH CARE PROGRAM NOTED ON IT WITH SAME NAME AND ADDRESS
- RESIDENT MUST LIVE AT THE SERVICE ADDRESS
- THE WATER BILL MUST BE IN THE RESIDENT'S NAME
- THE RESIDENT MUST BE 65 YEARS OF AGE OR OLDER
- DISCOUNT IS ONLY VALID ON ONE ACCOUNT PER CUSTOMER
- MUST PROVIDE PHOTO ID WITH AGE

DECLARATION (please read carefully and sign below)

I state that the information I have provided in this application is true and correct. I agree to provide proof of eligibility and to recertify if asked. I understand the discount will be applied to my bill after my application is processed and approved. It will not be retroactive towards past invoices. I agree to inform the City of Garden Grove 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.

X _____
Customer Signature Date

If you have any questions regarding this program, please contact us at (714) 741-5078. We are available Monday through Thursday 7:30 A.M. to 5:30 P.M. and every other Friday 7:30 A.M. to 5 P.M. Please bring completed application and ALL supporting documents to Garden Grove City Hall at 11222 Acacia Parkway, Garden Grove, CA 92840. If mailing your application, please include your proof of eligibility documentation and mail to:

City of Garden Grove Water
PO BOX 3070
Garden Grove, CA 92842

OFFICE USE ONLY

VERIFIED: RESIDENCE _____ D.O.B. _____ CARE ENROLLMENT _____