



City of Palo Alto Utilities - Residential Customers  
**Annual Rate Assistance Program (RAP) Application Form**

For information on the Rate Assistance Program, call Customer Service at **(650) 329-2161**  
**Hours:** 8am to 5:30pm Monday through Thursday and 8am to 4:30 pm on Friday

How You Can Apply		
Online:	E-mail:	Mail:
Apply online for faster enrollment at <a href="http://CityofPaloAlto.org/RAP">CityofPaloAlto.org/RAP</a>	Take a picture or scan completed application and email this to <a href="mailto:UtilitiesCustomerService@cityofpaloalto.org">UtilitiesCustomerService@cityofpaloalto.org</a>	Send completed application to Utilities Credit and Collections, 250 Hamilton Ave, Ground Floor, Palo Alto, CA 94301
	<b>Fax:</b> Send completed application and documentation to (650) 326-4941	

Customer Information		[ ] New Application OR [ ] Renewal					
Name of Account Holder (as it appears on CPAU Bill*)				CPAU Account Number (8-digit number starting with 30)			
				3	0		
Service Address				Mailing Address (if different from service address)			
City	State	Zip Code		City	State	Zip Code	
Palo Alto	CA						
Phone Number				Email Address			
( ) -							
Total Number of People In Home Full Time:		Adults		Children (under 18)		Total	

Category Indicate the category for which you are applying (check ONE only)	
<input type="checkbox"/> <b>Medical RAP: 25%</b> discount on gas and/or electricity charges. For residents that have a medical condition, treatment, or equipment causes higher than normal utilities consumption. <b>Complete Sections M1 &amp; M2.</b>	<b>Note:</b> <ul style="list-style-type: none"> <li>Customers who qualify for both the financial and medical discount should apply for the financial discount as it provides the most comprehensive benefits.</li> <li>An applicant may not receive a financial or medical discount in conjunction with any other discounts.</li> <li>The discount does not apply to the Utility User Tax or towards any other utilities. The Utilities User Tax will be calculated before the discount is applied.</li> <li>Applicants may be required to establish eligibility on an annual basis, and it is the responsibility of the customer to notify the Utilities Department should their eligibility change.</li> <li>Discount can only be applied to one utility account per customer.</li> </ul>
<input type="checkbox"/> <b>Financial RAP: 25%</b> discount on gas and electricity charges and <b>20%</b> discount on storm drain bill. Must meet income qualifications. Refer to chart on reverse side for income qualifications. <b>Complete Sections F1&amp; F2.</b>	

Medical RAP Section M1: Requirements				
Name of Resident with Qualifying Medical Condition	First	Middle	Last	
Relationship to the Utility Customer:	[ ] Self	[ ] Child	[ ] Spouse	[ ] Other _____
<p>To be eligible for medical RAP, applicants must have a medical condition, treatment, or life-support equipment* that causes higher than normal utilities consumption AND provide certification form.</p> <p><input type="checkbox"/> <b>Completed Physician Certification Form</b></p> <p><b>Please attach certification from a physician, on physicians' letterhead, that includes the following statement:</b>                      "I certify that the above applicant for the City of Palo Alto Medical Need rate reduction is currently my patient, resides at the service address indicated above, and requires greater than usual amounts of gas and/or electricity."                      The letter should include <b>date, physician's signature, medical license number, and phone number.</b> If you have a permanent medical condition, you may have your doctor indicate this in their letter so that your discount will automatically continue each year.</p> <p><small>*California Public Utility Code: Life-Support Equipment (definition) PUC 739 (c) (2) (2) "Life-support equipment" means that equipment which utilizes mechanical or artificial means to sustain, restore, or supplant a vital function, or mechanical equipment which is relied upon for mobility both within and outside of buildings. "Life-support equipment," as used in this subdivision, includes all of the following: all types of respirators, iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IPPB machines, and motorized wheelchairs. (Medical applicants please skip to section M2)</small></p>				

<b>Financial RAP</b> Section F1a: Pubic Assistance Program Eligibility	
<b>Are you receiving aid from any government programs (SSI, TANF, CalFresh, WIC, etc.)?</b>	
<input type="checkbox"/> <b>No</b> (If you or members of your household are NOT enrolled in any of these programs, please skip to Section F1b)	<input type="checkbox"/> <b>Yes</b> - Please attach copy of dated Award letters and letters of participation in the program as proof of receipt of benefits (See chart below, column "Copy of documents required"). <b>CHECK all programs you participate in</b> (if applicable).
	<input type="checkbox"/> CalFresh (Food Stamps) <input type="checkbox"/> Healthy Families A & B <input type="checkbox"/> TANF (AFDC)
	<input type="checkbox"/> LIHEAP <input type="checkbox"/> WIC <input type="checkbox"/> SSI

<b>Financial RAP</b> Section F1b: Household Income Verification		
Please use the chart below to calculate total household income for the most recent tax year. Household income includes income from ALL adult household members, including tenants.		
Source of income	Amount received	Copy of documents required
Wages, Salaries, Commissions (total household income)	\$	Most recent year's tax return, W2, 1099 (R), two most recent check stubs and three most recent checking account statements
Unemployed or Reduced hours	\$	Unemployment Letter/Letter from employer showing reduced hours
Retirement/Pensions, IRA/annuities, 401k/457, Social Security, SSP, SSDI, Worker's Compensation, Unemployment Benefits, Veteran's Benefits, Foster Care payments, Annuities	\$	Most recent year's tax return and award letters or bank statements (to show direct deposit)
Medicaid/Medi-Cal, SSI, CalFresh (Food Stamps), WIC, CalWorks (cash aid)	\$	Dated Award letters, letters of participation in the program
School grants, School loans, Scholarships or other aid	\$	Dated Award letters, statements
Insurance and/or Legal settlements	\$	Dated settlements documents
Child and Spousal support	\$	Most recent year's tax return, dated court documents
Interest and/or Dividends from Savings, Stocks, Bonds or Mutual Funds (Foreign and Domestic)	\$	Most recent year's tax return
Capital Gains, Rental or Royalty Income	\$	Most recent year's tax return
Profit from Self Employment	\$	Most recent tax return with all schedules, including Schedule C
Other	\$	Most recent year's tax return
Current total combined gross household income before taxes of ALL adult individuals, including tenants, residing at this service address	\$	(Sum of "Amount received" column)
<b>Please attach copies of all required documents for proof of income from all residents</b> (See chart above, column "Copy of documents required"). If LEASING, attach a copy of the lease listing all tenants.		

Qualifying Income Levels for Financial Needs Discount*		
Size of Household	Monthly	Yearly
1	\$ 4,833	\$58,000
2	\$5,525	\$66,300
3	\$ 6,217	\$74,600
4	\$6,904	\$82,850
5	\$7,458	\$89,500
6	\$8,012	\$96,150
7	\$8,563	\$102,750
8	\$9,117	\$109,400
Each additional add	\$550	\$6,650
* Levels based on State and Federal Dept. of Housing and Community Development effective July 1, 2021		

<b>Medical or Financial Rate Assistance Program (RAP)</b>	<b>Section M2 &amp; F2: Agreements &amp; Utilities Customer Signature</b>
<b>Copies of documentation must be submitted with this application.</b>	
Application and documentation should be faxed to (650) 326-4941, or mailed to: Utilities Credit and Collections, 250 Hamilton Avenue, Ground Floor, Palo Alto, CA 94301 I state, under penalty of perjury, that the information I have provided in this application is true and correct. I agree to provide documentation for determination of eligibility for the RAP. I agree to inform the CPAU if I no longer qualify to receive the rate reductions under current RAP guidelines. I understand that rate reductions obtained using erroneous customer-supplied information will require repayment of up to twelve months of cumulative rate reductions. By affixing my signature below, I consent to the CPAU using the information I have supplied to determine my eligibility for the RAP	
<b>Applicant's Signature:</b>	<b>Date:</b>

**For inquiries regarding your application, please call Customer Service at (650) 329-2161.**