



Residential Utility Account Number:

LOW INCOME UTILITY ASSISTANCE PROGRAM

The City of San Luis Obispo offers a Low Income Assistance program for its Utility bills. The assistance, once approved, will reduce the customer's bill by 15%. To qualify, you must be currently enrolled in one of the assistance programs listed below.

Customer Name:		
Service Address:		
Mailing Address (if different from s	ervice):	
Telephone Number (Home):		<u> </u>
Telephone Number (Cell):		<u> </u>
Proof of Eligibility (Attach to this application):	Temporary Assistance for Needy Families (TANF/ CalWORKS)	Supplemental Social Security Income (SSI/SSP)
	Cal Fresh (Food Stamps)	Veteran Survivor Pension Benefits
must also sh	bility must show current enrollment (within the last yea ow the customer's mailing address as the Utility service that the information above and attached is transfer.	e address listed.
Customer Signature:		Date:
	CITY USE ONLY	
Effective Billing Date:		
Approved By:	Title:	Date: