



City of Santa Clara/Silicon Valley Power Financial Rate Assistance Program (FRAP) Application



SECTION 1: CUSTOMER INFORMATION

SVP Account Number: _____ Telephone #: _____

Name of Account Holder: _____ Email: _____

Home Address (Do NOT use a P.O. Box) _____ City _____ Zip Code _____

Mailing Address (if different from the above address) _____ City _____ Zip Code _____

Number of people in household: + + =
Adults with income Adults with no income Children (under 18) Total

Do you or someone in your household depend on electricity for a medical or mobility device? Yes No

SECTION 2: HOUSEHOLD INCOME ELIGIBILITY (CHECK ALL SOURCES OF HOUSEHOLD INCOME)

- | | | |
|--|---|--|
| <input type="checkbox"/> Pensions | <input type="checkbox"/> Wages or Salaries | <input type="checkbox"/> School Grants |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> SSI, SSDI, SSP |
| <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Child Support | <input type="checkbox"/> Spousal Support |
| <input type="checkbox"/> Cash and/or Other Income | <input type="checkbox"/> Profit from Self-Employment | <input type="checkbox"/> Disability Income |
| <input type="checkbox"/> Rental or Royalty Income | <input type="checkbox"/> Insurance Settlements | <input type="checkbox"/> Interest or dividends from retirement account |
| <input type="checkbox"/> Interest/dividends from savings account | <input type="checkbox"/> Interest or dividends from stocks or bonds | |

FINANCIAL ASSISTANCE GUIDELINE TABLE: (If you earn less than the income in the chart, you should qualify for FRAP)

# of People in Household	Maximum Monthly Income Before Taxes	Maximum Annual Income Before Taxes
1	\$8,525	\$102,300
2	\$9,742	\$116,900
3	\$10,992	\$131,900
4	\$12,175	\$146,100
5	\$13,150	\$157,800
6	\$14,125	\$169,500
7	\$15,199	\$181,200
8	\$16,075	\$192,900

** These levels are effective as of June 17, 2024. For households with more than 8 members, please contact us.*

Current total combined gross MONTHLY household income before taxes of ALL individuals, including tenants, living in the home: \$

SECTION 3: DECLARATION (PLEASE READ AND SIGN BELOW)

I certify that the information I have provided in this application is true and correct. I agree to provide proof of income and understand that failure to do so will result in removal from the program. I agree to inform the City of Santa Clara if I no longer qualify to receive the discount. I understand that if I receive the discount without qualifying for it, or if I provide false information to support this application, I may be required to pay back the discount I received. I understand that Silicon Valley Power may share my information with other utilities or their agents to enroll me in their assistance programs. I give consent to have my eligibility verified yearly. I have read and understood the contents of the application and the Guidelines of the Program and agree to abide by them.

X _____
Applicant's Signature Date Witness' Signature If you, the applicant, signed with a mark (e.g. X), the mark must be made in the presence of a witness.

Silicon Valley Power has contracted with Central Coast Energy Services to administer the Financial Rate Assistance Program (FRAP) for low-income households in the city of Santa Clara. For questions about enrollment, please contact CCES at 1-888-399-2728.

**Please mail your application and required documents to:
 Central Coast Energy Services - PO Box 2707, Watsonville CA 95077**



City of Santa Clara/Silicon Valley Power



Financial Rate Assistance Program (F.R.A.P.) Application

ABOUT FRAP:

- The Financial Rate Assistance Program (F.R.A.P.) provides a monthly 25% discount to income eligible RESIDENTIAL households on their City of Santa Clara Municipal Utilities electric charges.

PROGRAM GUIDELINES:

- Your household must meet the income guidelines described in this application. Income includes all individuals, including tenants, residing at the service address. Income verification documents must be provided.
- The City of Santa Clara utility bill must be in your name.
- You must live at the address where the discount will be received.
- You may not be claimed as a dependent on another person's income tax return other than your spouse.
- You may not share an energy meter with another home.
- You must notify the City of Santa Clara if your household no longer qualifies for the F.R.A.P. discount.
- If your name or address has changed, you MUST inform the City of Santa Clara Utility billing office.
- Your eligibility is subject to recertification at any point during your participation in the program.
- Effective January 1, 2014, the 25% discount will only apply to the first 800 kilowatt hours (kWh) of monthly energy use.**

OTHER PROGRAMS AND FREE SERVICES YOU MAY QUALIFY FOR:

- LIHEAP – Low Income Home Energy Assistance Program:** Provides bill payment assistance, emergency bill assistance and weatherization services. Call *Sacred Heart Community Energy Service* at 1-877-278-6455 for more information or to request an application.
- MRAP—Medical Rate Assistance Program:** Provides a 25% discount on the utility bill of qualified City of Santa Clara residents with a preexisting medical condition or disability. There is no usage cap for this discount. The MRAP discount cannot be combined with the FRAP discount. Call *City of Santa Clara – Municipal Services* at 408-615-2300 for more information or to request an application.

MAIL COMPLETED APPLICATION AND INCOME DOCUMENTS TO:

<p style="text-align: center;">F.R.A.P. c/o Central Coast Energy Services P.O. Box 2707 Watsonville, CA 95077</p> <p>Phone Number: 1 (888) 399-2728</p>	<p>OR</p>	<p style="text-align: center;">Apply Online at: www.utilhelp.com</p>
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Required Income Document Guide

The chart below contains examples of required income documents. You must include documentation of income from all sources for **ALL** people living in the household who are 18 years or older. Income documents must be current and must include gross income (before deductions) for the last **30 Days**. Each person living in your household who is 18 years and older and who does not receive income, needs to sign and fill out "**Survey of No Income and Expenses**". Please include this with your application.

Note: For your protection, please black out Social Security and/or bank account numbers on all copies.

If you participate or receive income from:	You can send us a copy of:
Wages, Salaries and Commissions	Two Consecutive Check Stubs
Pensions, Social Security, SSP, SSDI, Disability Payments, Workers Compensation, Unemployment Benefits, VA Benefits, Foster Care Payments	Award Letters, Check Stubs, Bank Statements (to show direct deposit)
Medicaid/Medi-Cal, Supplemental Security Income (SSI), CalFresh/SNAP (Food Stamps), LIHEAP, WIC, Healthy Families A & B, CalWORKs (TANF), Tribal TANF, National School Lunch Program (NSLP), Bureau of Indian Affairs General Assistance, Head Start Income Eligible (Tribal Only)	Award Letters, letter of participation in the program
School Grants, School Loans, Scholarships, or Other Aid	Award Letters, Statements
Insurance and/or Legal Settlements	Settlement document
Child and/or Spousal Support	Court Documents, Letters, Check Stubs
Farm Income	First page of IRS Form 1040
Interest and/or Dividends from: Savings, Stocks, Bonds, or Mutual Funds	Investment account statement(s), bank statement, and/or first page of IRS Form 1040
401K, IRA Withdrawals, Retirement Accounts, or Annuities	Investment account statement(s) and/or bank statement
Capital Gains	Investment account statement(s) and/or first page of IRS Form 1040
Rental and/or Royalty Income	First page of IRS Form 1040
Profit from Self-Employment	First page of IRS Form 1040 AND 1040 Schedule C
Gambling/Lottery Winnings	Determined on case-by-case basis
Union Strike Fund Benefits	Benefit Payment Stubs
Cash Income (when you have not filed Federal or State taxes)	Provide a signed letter detailing: the type of work, estimated monthly amount of cash payment, and employer name and phone number
Monetary Gifts, none of the examples above apply, or If you do not receive any income	Complete and sign " Survey of No Income and Expenses "

PLEASE SEND COPIES ONLY, WE DO NOT RETURN DOCUMENTS