



764 E Street, Wasco, CA 93280 Phone: (661)758-7230 Fax: (661)758-7239

**The City of Wasco is providing financial assistance for eligible senior citizens.**

## **SENIOR DISCOUNTED WATER UTILITY RATE**

This program offers financial assistance of a 30% discount off the monthly rate billings for qualifying senior citizens.

**LOCATION:** You may obtain and complete an application form at the City of Wasco City Hall Annex located at 764 E Street, Wasco CA 93280 (phone (661)758-7230) and submit for approval.

**GUIDELINES:** To qualify for the Senior Water Utility Rate, you must meet the following criteria.

1. The Water bill must be in your name.
2. Must be 60 years old or older
3. Complete and submit the Senior Discounted Water Utility Rate Application.
4. Submit proof showing active participant of PG&E's CARE/FERA Programs .(For information on applying to PG&E Discount Programs contact them at CARE: 1-866-743-2273 <http://www.pge.com/care> or FERA: 1-800-743-5000 <http://www.pge.com/fera> ) -Copy of the PG&E utility bill identifying discount at same address as Water Utility Account.
5. Re-apply annually in order to continue receiving Senior Discounted Water Utility Rate.

FOR MORE INFORMATION, call City of Wasco Utilities Division at (661)758-7230, Monday through Thursday, between the hours of 7:30 a.m. and 5:30 p.m. Fridays from 8:00a.m and 5:00p.m offices closed alternating Fridays.



# City of Wasco Senior Discounted Water Utility Rate Application

Utilities Department  
764 "E" Street Wasco, CA  
Phone (661) 758-7230 Fax (661) 758-7239

Name of Applicant \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

Residence Address \_\_\_\_\_ Wasco, CA 93280

Utility Account Number: \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Other) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of this Date: \_\_\_\_\_

I certify that I meet all of City of Wasco Senior Discount Water Utility Rate guidelines. I understand that I must notify City of Wasco of any changes affecting my eligibilty.

By signing below, I certify under penalty and perjury that this information is true and correct under the laws of the State of California. I understand that the City of Wasco reserves the right to request any of the guideline items to verify eligibility at any time.

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

OFFICIAL USE ONLY

- Attached copy of PG&E bill
- Qualified
- Identification and age verified
- Denied/Reason: \_\_\_\_\_

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed application form to:

City of Wasco Utilities Divison  
764 E Street  
Wasco, CA 93280