



City of Cerritos

## Low-Income Water and Sewer Utility Assistance Program Application

### Customer Information

<b>Customer Name:</b>		<b>Service Address:</b>	
<b>Account Number:</b>		<b>City, Zip Code:</b>	
<b>Phone Number:</b>		<b>Email:</b>	

### CARE or Public Assistance Program Participation (Required)

Applicants must either be currently enrolled in the California Alternate Rates for Energy (CARE) Program or in one of the eligible public assistance programs below. Enrollment must be active at the time of application and during each recertification period.

#### Please check the program you are enrolled in:

##### Energy and Utility Assistance Programs

- ☐ California Alternate Rates for Energy (CARE), including SCE CARE / SocalGas CARE
- ☐ Family Electric Rate Assistance Program (FERA), including SCE FERA
- ☐ Energy Savings Assistance (ESA) Program
- ☐ Low Income Energy Assistance Program (LIHEAP)

##### Health and Medical Assistance Programs

- ☐ Medi-Cal

##### Food and Nutrition Assistance Programs

- ☐ CalFresh
- ☐ Women, Infants, and Children (WIC)
- ☐ National School Lunch Program

##### Income and Cash Assistance Programs

- ☐ Supplemental Security Income (SSI)
- ☐ Temporary Assistance for Needy Families (TANF)

##### Housing and Family Support Programs

- ☐ Emergency Rental Assistance Program
- ☐ Head Start

##### Tribal and Federal Social Service Programs

- ☐ Social Service Programs through Indian Affairs

### Required Documents (Check all that are included)

- ☐ Proof of enrollment in CARE or an approved public assistance program checked above
- ☐ Completed application (recertification required every 24 months)
- ☐ Copy of a valid driver's license or government-issued ID

\*Initial Here: \_\_\_\_\_

**Important:** Name and address on the water account must match the approved program account.



City of Cerritos

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Account: \_\_\_\_\_

### Certification

By signing below, I certify that I reside at the service address above and am enrolled in CARE or an approved public assistance program.

<b>Name on Bill:</b>	
<b>Signature:</b>	
<b>Date:</b>	

### Submission Instructions

Return the completed application and all documents to:  
Water Billing Division, City Hall  
18125 Bloomfield Avenue, Cerritos, CA 90703  
Phone: (562) 916-1235 | Email: [waterbilling@cerritos.gov](mailto:waterbilling@cerritos.gov)

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### OFFICE USE ONLY

**Program Type:**     ☐ New            ☐ Renewal

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Status:** ☐ Approved   ☐ Denied

Enrollment Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_