



**Residential Low Income Assistance Program**  
**CITY OF COLTON UTILITIES ACCOUNT – CUSTOMER ON RECORD INFORMATION**

Last Name	First Name	Middle Initial
/		
Phone Number	Email Address	Date of Birth
/		
Service Address	City	State
		Zip

**ELECTRIC UTILITIES ACCOUNT NUMBER:** \_\_\_\_\_

Household Information	Date of Birth	Age	Annual Income Before Taxes	Filed Taxes (Y/N)
1.			\$	
2.			\$	
3.			\$	
4.			\$	
5.			\$	
6.			\$	
(Use 2nd application if household is larger than eight (6))	<b>Total Family Income Before Taxes</b>		\$	

**PLEASE READ AND INITIAL THE FOLLOWING:**

I understand this program applies only to the **ELECTRIC** portion of my utility bill \_\_\_\_\_

I understand the monthly savings will begin on my next month's bill \_\_\_\_\_

I understand I will be receiving a 25% discount each month for 12 consecutive months from date of approval \_\_\_\_\_

As the account holder I am over the age of 65 and eligible for a 37% discount \_\_\_\_\_

Number in Household Effective From 10/1/25-6/30/2026	Gross Annual Income
1 or 2	\$ 42,300
3	\$ 53,300
4	\$ 64,300
5	\$ 75,300
6	\$ 86,300
Each Additional member add	\$ 11,000

Is your Total Gross Household Income, (Income from all sources for all residents in the household) at or less than the amounts shown on the left for your household size?

Please circle one: Yes      No

If you answered 'yes' you qualify for this program.

Check sources that make up your total Gross Household Income

- |   |   |
|---|---|
| <input type="checkbox"/> Wages, Salaries, Commissions | <input type="checkbox"/> Worker Compensation                    |
| <input type="checkbox"/> Self-Employed Income         | <input type="checkbox"/> Social Security                        |
| <input type="checkbox"/> Child Support                | <input type="checkbox"/> Cal WORKS                              |
| <input type="checkbox"/> Spousal Support              | <input type="checkbox"/> Pension Retirement Income              |
| <input type="checkbox"/> Rental Income                | <input type="checkbox"/> Disability Insurance                   |
| <input type="checkbox"/> Unemployment Insurance       | <input type="checkbox"/> School Grants/Loans                    |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Temporary Assistance to Needy Families |
|   | <input type="checkbox"/> Other _____                            |

**IMPORTANT: FOR VERIFICATION PURPOSES, PLEASE ATTACH THE FOLLOWING FORMS FOR PROOF OF INCOME**

- Recent pay stubs or a copy of your filed tax return, OR
- Documents supporting income sources checked above
- **If someone over the age of 18 does not have proof of income or not a full-time student, you must submit verification from unemployment office**

**BY SIGNING BELOW, I CERTIFY:**

1. I am not claimed on another person's income tax return.
2. I understand that Colton Electric Utility reserves the right to verify my household income.
3. Total number of people, including myself, living in my house is: \_\_\_\_\_.
4. My total household income each year is: \$\_\_\_\_\_.
5. The information provided is true and accurate under penalty of perjury under California law
6. If I provide false information or fail to submit required documentation, my account may be re-billed for any credits received in error.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

Bring or mail this form and proof of income to Colton City Hall Electric Assistance Desk, 650 N. La Cadena Drive, Colton, CA 92324. You may also email all forms to [ataylor@coltonca.gov](mailto:ataylor@coltonca.gov)

FOR MORE INFORMATION, PLEASE CALL (909) 370-6139 or EMAIL [ataylor@coltonca.gov](mailto:ataylor@coltonca.gov)