



## **Application for Rate Relief Credit**

North Tahoe Public Utility District (NTPUD) residential customers meeting the eligibility requirements will receive a monthly credit to their account as follows:

- Wastewater customers: \$15 monthly
- Water and wastewater customers: \$30 monthly

The program is administered on a first-come, first-served basis. The program is in effect until program funds are fully expended on an annual July 1<sup>st</sup> to June 30<sup>th</sup> basis.

### ***Applicant Information***

1. Requested By:                      Property Owner                      Tenant
2. Applicant's Legal Name: \_\_\_\_\_
3. NTPUD Account Number: \_\_\_\_\_
4. Service Address: \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_
6. Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
7. Provide COPIES (no originals) of the following documents with your application:
  - a. **Most Recent Liberty Utility Bill** – Evidence of participation in Liberty Utilities CARE program.
  - b. **Proof of Primary Residency** – Residential applicants may be required to provide proof of primary residency upon request by the NTPUD.

### ***How to Apply***

- Attach the required documents. Applications submitted without complete documentation cannot be processed.
- Fill out the application, read the "Important Information" statement and sign and date the application.
- Proof of continued eligibility must be provided by each anniversary of enrollment.

### **Important Information – Please Read Before Signing**

*I, the undersigned, under penalty of perjury of the laws of the State of California do hereby declare and certify:*

- That I have read and understood all of the Rate Relief Credit Program guidelines provided with this application and that all of the information provided by me on this application is accurate, complete, and true to the best of my knowledge.
- That I understand that submitting the required documentation does not guarantee participation in the program. Such information will, however, be used to determine if I qualify for benefits under the program.
- That the program requires annual verification of eligibility.
- That I understand the credit will be applied to the account. In the event I am not the account holder of record, the NTPUD encourages the account holder of record/landlord and tenant to work together to provide a rent or similar credit to the tenant qualifying for the program.

That I understand that any attempt to falsify my information will result in my disqualification from the program and may subject me repayment of the benefits received and further civil or criminal penalties.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Holder Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

*\* If different from Applicant*

#### ***For Internal Use Only***

Date Received: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Denial Reason: \_\_\_\_\_

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