



**SOUTH PLACER MUNICIPAL UTILITY DISTRICT**  
**LOW INCOME LIFELINE RATE ASSISTANCE PROGRAM (LIL)**  
**ANNUAL APPLICATION FOR RESIDENTIAL CUSTOMERS**

1. CUSTOMER INFORMATION: (please print clearly) \_\_\_\_\_  
SPMUD Account Number

(     ) \_\_\_\_\_  
 Applicant Name Telephone

Home Address City Zip Code

2. OWNER/OCCUPANT DECLARATION

I/we declare that I/we are the owner(s) and occupant(s) of the dwelling unit and property located above.

I/we agree to inform the South Placer Municipal Utility District (SPMUD) if my household income no longer qualifies me (us) to receive the discount. I/we declare under penalty of perjury under the laws of the State of California that the information provided in this application is true and correct.

\_\_\_\_\_  
 Owner Signature Date: \_\_\_\_\_

\_\_\_\_\_  
 Co-Owner Signature Date: \_\_\_\_\_

3. PROOF OF PARTICIPATION IN THE PG&E CARE PROGRAM

Please provide a copy of recent proof of participation in the PG&E CARE Program with this application. (Proof may include a copy of a PG&E Statement showing enrollment in the program)

\_\_\_\_\_  
 Description of document provided

4. SEND COMPLETED APPLICATION AND ALL REQUIRED DOCUMENTATION TO:

<u>By US Mail</u>	Or	<u>By Fax</u>
SPMUD		916-786-8553
5807 SPRINGVIEW DRIVE		
ROCKLIN, CA 95677		

5. APPLICATION PROCESSING - APPLICATION IS TO BE COMPLETED ANNUALLY IN JANUARY.  
 (THIS IS A PILOT PROGRAM BEGINNING 01/01/18)

**If your application is approved, your LIL Credit will appear on your next billing statement.**

Do not write below this line

Date Received	Processed By	Approved	Rejected
Comments:			