



# City of Lodi 2019 SHARE Application

**New Application Questions?**  
Call (209) 333-6717

**Recertification Questions?**  
Call (209) 333-6762

Application Date: \_\_\_\_\_

### Section 1

APPLICANT INFORMATION		
Last Name:	First Name:	Account #: (or Mobile Home Park Name)
Service Address:		Phone: ( ) -
Mailing Address:		Number in household:  Adults:                      Children:

### Section 2

SHARE Income Guidelines		
Persons in Household	Monthly Income	Annual Income
1	\$2,170.74	\$26,048.88
2	\$2,838.66	\$34,063.92
3	\$3,506.58	\$42,078.96
4	\$4,174.50	\$50,094.00
5	\$4,842.42	\$58,109.04
6	\$5,510.34	\$66,124.08
7	\$5,635.58	\$67,626.96

Please include income for **ALL** household members.

<b>Total Monthly Household Income (Gross Amount)</b>  \$ _____
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Questions? Call (209) 333-6719

### Section 3

#### INCOME DOCUMENTATION

- Attach copies of all income documentation. Your application is considered incomplete without the required documentation. You must include proof of income for ALL members of the household. Documents submitted will NOT be returned. Please refer to the SHARE Application Income Worksheet for a list of acceptable documents.
- You must also include a copy of your most recent income tax return if you are required to file under Federal income tax guidelines. Please include a copy of Form 1040 (Pages 1 and 2, including Adjusted Gross Income and a signature). If you are self-employed, you must also include a copy of Schedule C.
- If you have any questions regarding appropriate documents, please contact us at (209) 333-6719 for assistance.

### Section 4

#### DECLARATION AND SIGNATURE

By signing this application, I certify under penalty of perjury that the information provided on this application is true and correct under the laws of the State of California. I understand that the City of Lodi reserves the right to request verification of continued economic need at any time and I will notify the City of Lodi Finance Department of any changes that affect my eligibility. I understand that the City of Lodi has the right to re-bill me at the applicable rate, if appropriate. I understand if I qualify, my discount will appear as soon as practical after the completed application has been received and verified. The City of Lodi will routinely contact me to verify eligibility. I understand that failure to provide any requested documentation to verify my eligibility will result in disqualification and removal from the SHARE discount rate.

Applicant Signature \_\_\_\_\_

**Mail Completed Applications and Documents to: 310 W Elm St, Lodi CA 95240**

# City of Lodi

## 2019 SHARE Application

### Income Worksheet

**Proof of Income Worksheet**

***GROSS Monthly Income of Household***

AFDC/ TANF/Cal Fresh/SNAP           \$ \_\_\_\_\_  
 \_\_ (Examples of documentation: Notice of Action; Computer Printout; Benefit Letter)

Child/ Spousal Support               \$ \_\_\_\_\_  
 \_\_ (Examples of documentation: Divorce Decree, Agreement, Court Order Documents)

Disability/ Unemployment           \$ \_\_\_\_\_  
 \_\_ (Examples of documentation: Agency Printout Verifying Amount)

Pensions/ Annuity/ 401K/ IRA       \$ \_\_\_\_\_  
 \_\_ (Examples of documentation: Monthly/Quarterly Bank Statements; Bank/Agency Statement of Income)

Rental Property Income               \$ \_\_\_\_\_  
 \_\_ (Examples of documentation: Bank Statements; Tax Return)

SSA/ SSI/ SSP                         \$ \_\_\_\_\_  
 \_\_ (Examples of documentation: Benefit Letter; Bank Statement; Check)

Stock/ Bond/Interest Income         \$ \_\_\_\_\_  
 \_\_ (Examples of documentation: Monthly/Quarterly Bank Statements; Bank/Agency Statement of Income)

Wages/ Commissions                 \$ \_\_\_\_\_  
 \_\_ (Examples of documentation: Current Stubs Covering 2 Months Showing Gross Income; Bank Statements Covering 2 Months)

Other Income                         \$ \_\_\_\_\_  
 \_\_ (Please specify source and include proof of income)

Non-Cash Benefits                    \$ \_\_\_\_\_  
 \_\_ (Include non-cash benefits available for living expenses such as section 8 housing; housing compensation from employer or other sources. Examples of documentation include housing vouchers; contract agreements)

**Total Income (All Sources)**         \$ \_\_\_\_\_

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## SHARE Program Requirements

- The City of Lodi utility account must be in your name and you must live at the address where the discount is received.\*
- You must promptly notify the City of Lodi if you no longer qualify for the SHARE Program.
- You may not be claimed on someone else’s tax return other than your spouse.
- You will routinely be asked to re-qualify for the program and will need to provide current proof of income.
- The discount only applies to residential metered rates.
- The City of Lodi reserves the right to deny applications with unverifiable income.
- You may be required to complete a survey of income and expenses application.
- “Gross Household Income” is defined as ALL money and non-cash benefits available for living expenses from all sources, both taxable and nontaxable, before deductions for ALL people who live in the home. This includes but is not limited to: wages, salaries and commissions; self-employment; child/spousal support; interest dividends or withdrawals from savings accounts, stocks and bonds or retirement accounts such as IRA and 401K accounts; stocks; bonds; business or rental income; support from family or friends; cash gifts; loans; lottery winnings; tax refunds; money from insurance policies or legal settlements; Social Security; retirement, Veterans, disability or unemployment benefits and workers compensation; AFDC; SSI; SSP; cash public assistance; food stamps and free housing or utilities; school grants, loans, scholarships or other aid.

\* For sub-metered customers, your bill from your manager must be in your name.



### Survey of Income & Expenses

You are being asked to complete this form because you have requested assistance through the SHARE program and it was reported that you have no proof of income or limited proof of income. The City of Lodi requires all adults (anyone 18 years and over) living in the household to report all sources of income. If an adult claims to have no proof of income or limited income less than expenses, this form must be completed so we can understand how you are meeting expenses. Please complete the information below:

#### Name & Address

Name: \_\_\_\_\_

Address: \_\_\_\_\_

#### Section 1: Do you have sources of income you forgot to report?

During the previous month, have you been employed part time? YES NO

During the previous month, have you been self-employed? YES NO

During the previous month, did you receive money from any work that you perform once in a while (such as yard work, child care, blood donation, etc.)? YES NO

During the previous month, have you received any gifts of money from anyone? YES NO

If yes, please list the name and phone number of the person who gave the gift: \_\_\_\_\_

During the previous month, did you receive any of the following (circle all that apply): YES NO

WORKER'S COMP          UNEMPLOYMENT          GOVERNMENT SPONSORED BENEFITS          CHILD SUPPORT

Did you receive any of the following (circle all that apply): YES NO

ANNUITY PAYMENT          PENSION          TRIBAL CASINO PAYMENTS          RENTAL INCOME          INSURANCE BENEFITS

#### Section 2: Are you spending your savings or borrowing money to cover your monthly expenses?

Are you using savings or a home equity loan? YES NO If yes, how much? \_\_\_\_\_

Are you using some other asset? YES NO If yes, how much? \_\_\_\_\_

Are you borrowing from credit cards? YES NO If yes, how much? \_\_\_\_\_

Are you borrowing from another source? YES NO If yes, how much? \_\_\_\_\_

#### Section 3: Please tell us how you paid the following monthly expenses during the previous months.

<u>Expense</u>	<u>Monthly Cost</u>	<u>How was this expense paid?</u>	<u>If someone else pays for you, please complete:</u>
Rent or Mortgage	_____	_____	_____
Utility Bills	_____	_____	_____
Food	_____	_____	_____

#### Section 4: If none of the above applies to you, please explain how your monthly expenses were paid.

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

*By signing this form, I affirm that I believe these facts are accurate and true. I give the City of Lodi my permission to verify this information.*

**Note:** Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.