

# City of Banning

## Banning Electric Alternative Rate Application

<b>Section 1.</b>  <b>Customer Info.</b>	First Name _____	Last Name _____	M.I _____	Social Security # - - -	
	Address _____			City _____ State _____ Zip Code _____	Daytime Phone # _____
	Banning, CA 92220			(951)	
	Utility Account Number: _____		How many in each group (including self)?		
Total # of People in Household (Including Applicant): _____		1. 0-5 yrs. old _____	2. 6-18 yrs. old _____		
		3. 19-64 yrs. old _____	4. 65+ yrs. old _____		
		Disabled _____			
<b>Section 2.</b>  <b>Source of Income</b>	<b>Type of Household Income</b>				<b>Monthly Income</b>
	1. Paychecks (Gross Salary, Wages, and net income from self-employed)				\$ _____
	2. Public Assistance – Cal Works – (TANF- Cash Aid, Food Stamps) – AFDC- Aid to Families with Dependent Children.				\$ _____
	3. Social Security Benefits, Supplemental and/or Disability (Please add if both benefits are granted)				\$ _____
	4. Pensions (Retirement Benefits, Insurance Benefits, Disability Insurance, Workers Comp.)				\$ _____
	5. All other income, specify (Child Support or Alimony, Savings, Investment, Interests, Foster Care Grant, Student/Financial Aid, Unemployment Insurance)				\$ _____
Total:				\$ _____	
<b>Section 3.</b>  <b>Applicant's Signature</b>	<p>1. I hereby authorize the City of Banning to do all of the following:</p> <p style="margin-left: 20px;">a. To examine all employment, income, utility, fuel, and other records pertinent to my application for energy assistance.</p> <p style="margin-left: 20px;">b. To make direct payment to my Utility Account.</p> <p>2. I understand that the 10% reduction will be calculated by the electric charge and the electric consumption portion of the bill.</p> <p>3. <b><i>ALL SUPPORTING DOCUMENTS MUST BE INCLUDED IN ORDER TO PROCESS APPLICATION.</i></b></p> <p>I certify under penalty of perjury that all information herein is true and correct to the best of my knowledge.</p> <p>→</p>				
	Applicant's Signature _____		Date _____	Witness Signature if Applicable _____	
	<b>CITY OF BANNING OFFICE USE ONLY</b>				
<b>Section 4.</b>  <b>City of Banning Approval</b>				Cycle/Route _____	
	Public Benefits Coordinator's Signature _____		Date _____	Date All Eligibility Documents Received _____	
<b>Section 5.</b>  <b>City of Banning Verification</b>					
	Public Benefits Program Manager's Signature _____		Date _____		

**Mail To: City of Banning, Public Benefits, 176 E. Lincoln, Banning, CA 92220  
(951) 849-5224**