



**City of Healdsburg**

**Utility Department**

401 Grove Street

Healdsburg, CA 95448

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Phone: (707) 431-3330

Visit us at: [www.ci.healdsburg.ca.us](http://www.ci.healdsburg.ca.us)

## **The City of Healdsburg CARE Program**

*Providing Qualifying Residential Utility Customers with Discounted Utility Rates*

Thank you for being so interested in the City of Healdsburg CARE Program. Please find the attached CARE Application including the Household Occupancy Summary and if applicable, Declaration of No Income forms, an information packet supplying the program qualification standards & guidelines, a list of helpful energy savings tips, and contact information for some additional resources that may be of interest.

Once the application and related forms have been completed & signed, please return them, along with all required income verification, to:

City of Healdsburg  
Attn: CARE Discount Program  
401 Grove Street  
Healdsburg, CA 95448-4723

Please note that any documentation submitted for determination of eligibility will not be returned to the applicant regardless of the results.

Once the review process is complete, you will receive written confirmation of the acceptance determination. If approved, the CARE discount(s) will be valid for 12 months, beginning the billing date following the date of approval notification.

If you have any questions regarding the City's CARE Program, please contact the CARE Program coordinator at (707) 431-3330.

Kind regards,

# The City of Healdsburg CARE Program

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## What is Healdsburg's City Alternative Rates for Energy (CARE) Program?

While many cities do not offer their residential utility customers the CARE program, the City of Healdsburg does. Healdsburg's program offers a discount on the monthly electric bill for eligible households. The Electric discount is a 25% discount on the monthly customer charge and the first two (2) energy tiers of electric charges. Healdsburg also offers a discount of 15% on water and 20% on sewer and stormwater charges.

## How do I know if I qualify for the CARE program?

You are likely to qualify if you are a current recipient of one or more of these programs:

- Medi-Cal/Medicaid
- Healthy Families Categories A & B
- Women, Infants & Children (WIC)
- Temporary Assistance for Needy Families
- CalWORKs (TANF) or Tribal TANF
- Head Start Income Eligible (Tribal Only)
- Bureau of Indian Affairs General Assistance (BIA GA)
- National School Lunch's Free Lunch Program (NSL)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)

You must verify your monthly income to qualify for the Healdsburg CARE Program. The total income **for all persons in your household** must meet the following maximum income guidelines:

### City of Healdsburg CARE Income Qualification Guidelines (Revised 8/28/2025)

# Persons Per Household	Water, Wastewater, & Drainage Qualifying Income	Electric Qualifying Income
1	\$ 42,300	\$ 84,650
2	\$ 42,300	\$ 96,750
3	\$ 53,300	\$ 108,850
4	\$ 64,300	\$ 120,900
5	\$ 75,300	\$ 130,600
6	\$ 86,300	\$ 140,250
7	\$ 97,300	\$ 149,950
8	\$ 108,300	\$ 159,600

Income qualifications are based upon 200% of the current Federal Poverty Income Guidelines for water, wastewater, and drainage discounts. Electric income discounts are based on 80 percent of the area's median income. Income limits are updated from time to time and may change without notice.

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## **Conditions for Participation:**

- The City of Healdsburg's CARE program is NOT an entitlement program.
- Discounts will be offered only as long as appropriate resolutions are in effect, as may be modified from time to time, and applicants are deemed eligible.
- The CARE program only applies to City of Healdsburg residential utility customers.
- The CARE program is limited to one (1) applicant per service location.
- The utility services must be in the CARE program applicant's name.
- CARE benefits DO NOT transfer to a new residence when/if the applicant moves. A new application is required.
- Income verification must show the name of the person(s) receiving the income and the dates/period covered.
- Applicant must not be claimed as dependent on another person's income tax return other than that of a spouse.
- Participants must notify the City of Healdsburg within 30 days if their financial situation changes, and they no longer qualify.
- At any point, if usage is deemed excessive for the residence & household size, additional documentation may be requested to re-verify eligibility, and CARE discounts may be canceled.
- Verification of Identity is required by City of Healdsburg Resolution #127-2008.
- Fraud and/or misrepresentation of facts to qualify for CARE can result in disqualification of the CARE program and criminal prosecution to recover prior discounts provided.

## **Program Guidelines:**

- All persons in your household, referenced under "Total number of People in Household" on the application, must be individually listed on the Household Occupancy Summary sheet.
- Each person listed on the Household Occupancy Summary form must verify their annual gross income on a calendar year basis.
- For every 18 years of age or older listed on the Household Occupancy Summary that has NO INCOME, a Declaration of No Income form must be completed.
- All persons in the household that complete a Declaration of No Income must be listed as dependent on the applicant's tax return.
- The total gross household income must not exceed 200% of the current Federal Poverty Income Guidelines or 80% AMI for Sonoma County for electric.
- Once the initial application is approved, a renewal application is required each subsequent year. It is the applicant's responsibility to re-apply. Discounts will cease after 12 months unless the applicant re-applies and is approved for an additional 12 months before expiration.
- Any incomplete application will be denied pending resubmission of a fully completed version.

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## **Sources of income that are to be reported:**

- Wages and/or profit from self-employment
- Unemployment benefits
- Insurance or legal settlements
- Social Security, SSP or SSDI
- Disability or workers' compensation payments
- Pensions
- Interest or dividends from savings, stocks, bonds, or retirement accounts
- Spousal or child support
- Scholarships, grants, or other aid are used for living expenses.
- Rental or royalty income
- Cash or other income

## **Acceptable forms of income verification include:**

- Current copy of paystubs covering one full month of gross income; letter from your employer with gross amount and period covered; Notice of Action from Social Services showing earned income; HUD statement with annual income amount. If stubs are produced, they must be for the most recent month and consecutive pay periods. The monthly amount will be multiplied by twelve to determine annual income.
- Pension & annuities payments - a check copy; annual statement of the pension plan; copy of bank statement showing direct deposit.
- TANF (AFDE)/General Assistance – current “Passport to Services” printout; Notice of Action; verification from worker showing amount & date; current aid summary.
- SSI/SSA – a copy of check within the last 30-days; copy of bank statement showing direct deposit; dated annual benefit letter for the current year; computer printout from Social Security office; payee letter showing income amount for the current year; Form 2458 from Social Security Office.
- Interest/Dividend Income – current statement from bank(s); a current copy of the financial statement(s) showing direct deposit; copy of the current check.
- Workers Comp/ Disability/Unemployment Benefits – a current copy of check stub(s); current printout or award letter.
- Child/Spouse/Individual Support – current court document; copy of check; signed statement from the person providing the support; Notice of Action showing support amount.
- Veteran's Benefits – a copy of check; benefit letter; letter of verification from VA; copy of current bank statement showing direct deposit.
- Self-Employment – a copy of the ledger/journal for the past 3 months, signed/dated showing gross receipts, expenses (listed out), and net gross. Also, need current Tax Form 1040 and Schedule C.
- Other Sources of Income – current receipts for recycled materials; signed sworn statement for odd jobs with dollar amount; signed, a sworn statement showing the amount received from family/friends.
- No Income Verification – signed, sworn Declaration of No Income.

## Energy Savings Tips

**There are several energy-efficient measures you can take to save on energy costs:**

- When buying new appliances, be sure to purchase energy-efficient Energy Star labeled models & use front-load washing machines.
- Insulate ceilings to R-30 standards if your attic has less than R-19.
- Caulk windows, doors & anywhere air leaks in or out. DO NOT caulk around the water heater & furnace exhaust pipes.
- Weather-strip around windows & doors.
- Wrap heating & cooling ducts with duct tape or mastic sealant.
- Install energy-saver showerheads.
- Set the furnace thermostat to 68 degrees or lower, and the air-conditioning thermostat to 78 degrees or higher, health permitting. 3-5% more energy is used for each degree the furnace is set above 68 degrees & for each degree, the air conditioner is set below 78 degrees.
- If your old air conditioner is on its way out, replace it with an Energy Star-labeled energy-efficient model.
- Use compact fluorescent lamps. You can lower your lighting bill by converting it to energy-efficient. Low-wattage compact fluorescent lighting & fixtures.
- Replace old windows with new high-performance dual-pane windows.
- Clean or replace furnace & air-conditioner filters regularly, following the manufacturer's instructions.
- Set the water heater thermostat at 140 degrees or "normal". Otherwise, set it at 120 degrees or "low". Check your dishwasher to see if you can use 120-degree water. Follow the manufacturer's instructions on yearly maintenance to extend the life of your unit.
- Fix defective plumbing or dripping faucets. A single dripping hot water tap/pipe can waste 212 gallons of water a month. That not only increases water bills but also increases the gas or electric bill for heating the water.
- Wash only full loads in a dishwasher & clothes washer, using the shortest cycle that will get your items clean. If operating instructions allow, turn off the dishwasher before the drying cycle, open the door, and let the dishes air dry. Hang your clothes on a clothesline to air dry.
- Defrost refrigerators & freezers before ice build-up becomes ¼ inch thick.
- Install shades, awnings, or sunscreens on windows facing south and/or west to block summer light. In winter, open shades on sunny days to help warm rooms.
- Close the damper when the fireplace is not being used. Try not to use the fireplace & central heating system at the same time.
- Irrigate between midnight & 6:00 am to reduce water loss from evaporation & wind.
- Use a broom, not a hose, to clean the driveway, deck, or patio.
- Use a bucket & hose with an automatic shut-off nozzle when you wash the car or, take your car to a car wash that recycles.
- Cover pools & hot tubs to reduce evaporation.

## Other Programs & Services

**Energy Efficiency Rebates:** The City of Healdsburg offers many energy efficiency rebates that you may be eligible to receive. For rebate applications and more information about the programs and eligibility, please visit [smartlivinghealdsburg.org](http://smartlivinghealdsburg.org), call (707) 431-3122, or e-mail [conservation@healdsburg.gov](mailto:conservation@healdsburg.gov).

**In addition, you may qualify for one or more of the programs or services below:**

- **LIHEAP** – Low Income Home Energy Assistance Program provides bill payment assistance, emergency bill assistance, and weatherization services. For more information, call the California Dept. of Community Services and Development at 1-800-233-4480. Applications are also available at the Utility Counter at Healdsburg City Hall or by calling 707-431-3307.
- **California Lifeline:** discounted telephone access for customers meeting similar income guidelines to CARE. For more information, contact your local telephone service provider.
- **Recology:** A discount on your garbage disposal bill. Simply mail or forward by email a copy of your most current utility bill showing participation in the CARE program to **Recology**. The name and address on your utility account must match the name and address on your **Recology** account. For more information call **Recology** directly at 1-800-243-0291

**NOTE: These programs are not affiliated with the City of Healdsburg. If you have questions about any one of these programs or services, please contact the third-party organization directly via the contact information listed above.**

**Thank you.**

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**APPLICATION**

Complete and return the completed Application to:

The city of Healdsburg, Utilities Department 401 Grove Street, Healdsburg, CA 95448

**APPLICANT INFORMATION: please print or type**

Name (as it appears on your bill)	Account Number:	SSN (last 4 digits):
Home Address (Do not use PO Box)	Apt/Unit #	City, State, Zip Code
Mailing Address (if different from above)	Apt/Unit #	City, State, Zip Code
Preferred Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	Household's Gross Monthly Income	Total # of People in the Household
Alternative Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	E-mail address	What is your preferred method of communication? <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone

**Public Assistance Program Eligibility: please "X" ANY and ALL programs for which you participate**

<input type="checkbox"/> Medi-Cal/Medicaid	<input type="checkbox"/> Temporary Assistance	<input type="checkbox"/> Bureau of Indian Affairs General Assistance	<input type="checkbox"/> Low-Income Home Energy Assist. Program (LIHEAP)
<input type="checkbox"/> Healthy Families A&B	<input type="checkbox"/> TANF or Tribal TANF	<input type="checkbox"/> Food Stamps/SNAP	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Women, Infants	<input type="checkbox"/> Head Start Income Eligible (Tribal Only)	<input type="checkbox"/> National School lunch Free Program	<input type="checkbox"/> Other: _____

**Household Income Eligibility: please "X" ANY and ALL sources of household income**

<input type="checkbox"/> Wages and/or Profit from Self Employment	<input type="checkbox"/> Social Security, SSP or SSDI	<input type="checkbox"/> Interest or Dividends from Savings, Stocks, Bonds, or Retirement Accts.	<input type="checkbox"/> Rental or Royalty Income
<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Disability or Workers Comp Payments	<input type="checkbox"/> Spousal or Child Support	<input type="checkbox"/> Cash or Other Income
<input type="checkbox"/> Insurance or Legal Settlements	<input type="checkbox"/> Pensions	<input type="checkbox"/> Scholarships, grants, or other aid used for living expenses	<input type="checkbox"/> Other: _____

**PROOF OF INCOME, HOUSEHOLD OCCUPANCY SUMMARY, AND COPY OF CITY ELECTRIC BILL MUST ACCOMPANY THIS APPLICATION**

**DECLARATION: please read and sign**

I understand the City of Healdsburg reserves the right to request verification of continued economic need at any time, that I must notify the City of Healdsburg of any changes that may affect my eligibility, that this application is valid for twelve (12) months from date of eligibility, and that I must renew my application every twelve (12) months. By signing below, I certify under penalty of perjury that I am 18 years or older and that the information contained in this application is true and correct under the laws of the State of California.

X \_\_\_\_\_ X \_\_\_\_\_  
Customer Signature Date

**OFFICE USE ONLY**

Processed By: \_\_\_\_\_ Total Monthly "Gross" pay: \$ \_\_\_\_\_

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## HOUSEHOLD OCCUPANCY SUMMARY

Please list below the name and age of ALL PERSONS residing in the household and return this page with your CARE application.

### APPLICANT INFORMATION (person who is applying for assistance): *please print or type*

Name (as it appears on your bill)

Account Number:

SSN (last 4 digits):

Home Address (Do not use PO Box)

Apt/Unit #

City, State, Zip Code

### RESIDENT'S INFORMATION (all persons residing in the household): *please print or type*

Name (Full Legal Name)

Age

### DECLARATION: *please read and sign*

I understand the City of Healdsburg reserves the right to request verification of continued economic need at any time, that I must notify the City of Healdsburg of any changes that may affect my eligibility, that this application is valid for twelve (12) months from date of eligibility, and that I must renew my application every twelve (12) months. By signing below, I certify under penalty of perjury that I am 18 years or older and that the information contained in this application is true and correct under the laws of the State of California.

X \_\_\_\_\_  
Applicant's Signature

X \_\_\_\_\_  
Date

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**DECLARATION OF NO INCOME**

If you are 18 years of age or older, complete this form and claim no income.

**APPLICANT INFORMATION (person who is applying for assistance): *please print or type***

Name (as it appears on your bill)

Account Number:

SSN (last 4 digits):

Home Address (Do not use PO Box)

Apt/Unit #

City, State, Zip Code

**MEMBER OF HOUSEHOLD INFORMATION (The person residing at the residence above who is claiming no income): *please print or type***

Name (full legal name)

Mailing Address (if different from above)

Apt/Unit #

City, State, Zip Code

Home Phone

Work/Message Phone

Relationship to Applicant:

Describe how shelter, food, utilities, and other bills are paid for:

**DECLARATION: *please read and sign***

**I understand the City of Healdsburg reserves the right to request verification of continued economic need at any time, that I must notify the City of Healdsburg of any changes that may affect my eligibility, that this application is valid for twelve (12) months from date of eligibility, and that I must renew my application every twelve (12) months. By signing below, I certify under penalty of perjury that I am 18 years or older and that the information in this application is true and correct under the laws of the State of California.**

X \_\_\_\_\_  
Household Member's Signature

X \_\_\_\_\_  
Date