



PROJECT SHARE PROGRAM APPLICATION

Program funded by generous
community donations*
Limited Funds Available

BurbankWaterAndPower.com | Customer Service: (818) 238 - 3700 | bwpcustomerservice@burbankca.gov

Project Share provides payment assistance of \$250 in the form of a bill credit to income qualified customers once per calendar year.

Step 1: Complete all sections below to determine eligibility and provide proof of income

Does your household meet the income qualifications based on the last 2-3 months of income?

Income Qualifications - Please check the box matching your family size:

Household Size		Household Yearly Income	Household Size		Household Yearly Income
One Person	<input type="checkbox"/>	Less than \$31,300	Five People	<input type="checkbox"/>	Less than \$75,300
Two People	<input type="checkbox"/>	Less than \$42,300	Six People	<input type="checkbox"/>	Less than \$86,300
Three People	<input type="checkbox"/>	Less than \$53,300	Seven People	<input type="checkbox"/>	Less than \$97,300
Four People	<input type="checkbox"/>	Less than \$64,300	Eight or More People	<input type="checkbox"/>	Less than \$108,300

Name (Must be BWP Account Holder): _____

Address: _____

City: _____

State: _____

Zip: _____

Drivers License Number: _____

State: _____

Phone: () _____

BWP Account Number: _____

List all home/unit occupants:

Household Member Name	Relationship to Applicant	Date of Birth (Month/Day/Year)
	Self	

Required Documentation

- ☐ Account holder's ID card / Driver's License or other identification
- ☐ Identification for each household member
- ☐ Three months of recent bank statements OR Tax Transcript
Previous transcripts available at: [IRS.gov/individuals/get-transcript](https://www.irs.gov/individuals/get-transcript)

In some cases, you may be able to certify as low income with only one item from this list.

- ☐ Any verification of income assistance with: Burbank Housing Authority (BHA) Section 8 program, Medi-Cal / Medicaid, CalWORKs, CalFresh, Supplemental Security Income (SSI), Refugee Assistance Program, Cash Assistance Program for Immigrants (CAPI), Low Income Home Energy Assistance Programs (LIHEAP).



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Step 2: Read and Accept the Project Share Program Terms and Conditions

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

As a customer of Burbank Water and Power (BWP), I hereby claim eligibility and make application for the Project Share program. I hereby grant right of access to my residence during regular business hours to BWP employees for verification of information given on this application. I understand that refusal of access for this purpose as well as refusal to provide all documentation requested will be considered just cause for denial of Project Share assistance and if my account becomes delinquent I will be subject to the collection process up to and including disconnection of services.

While applying for assistance with BWP, I understand that prior to, or at any time after the acceptance of my application, an ID validation and a credit check with a soft hit (that will not affect my credit) may be completed. I understand that any Consumer Report or Investigative Consumer Report requested would be used strictly for permissible purposes due to a legitimate business need for the information in connection with the application for the rate assistance with BWP initiated by you. I understand, to be considered, I must authorize the procurement of such Report(s). A photographic or emailed copy of this form shall be as valid as the original.

Note: Burbank Water and Power makes every effort to prevent interruption of service. However, power outages may be caused by unforeseen circumstances and continuous service cannot be guaranteed. It is recommended that customers using life support equipment acquire back-up systems and make plans appropriate for their circumstances.

WARNING! 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.

BWP reserves the right to back bill an applicant if they are found to have committed fraud with respect to the information provided on this application.

I do hereby swear and attest that all information contained in this application about me or my household members is true and correct.

Applicant Signature:

Date:

Application Prepared

Relationship to Applicant:

Signature:

Phone: ()

Step 3: Submit Your Application

In-Person or Drop Off Application:

Burbank Temporary Aide Center (BTAC)
1304 W. Burbank Blvd. Burbank, CA 91506

<https://www.TheBTAC.org/>
(818) 848-2822