

BURBANK UTILITY SERVICE SUBSIDY (BUSS) PROGRAM

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

The BUSS Program provides an ongoing 12% discount for electric service to income-qualified residents.

Step 1: Review Billing Assistance Amounts and Eligibility Requirements

Applicants must meet the following conditions to qualify for the program:

- You are the **account holder** or the **co-applicant** on the BWP account.
- You meet the income requirements for the Burbank PASS program, shown on the table on the right. For details please visit: Burbankca.gov/BurbankPASS
- You provide documentation verifying household income and size (see step 4 of this application), for all home/unit occupants over the age of 18.
- You are NOT a Lifeline customer. Lifeline participants are not elibigle to participate in the BUSS program.

BUSS and Burbank PASS Program Income Eligibility			
Household Size	Gross Annual Income Limit		
1	\$75,034		
2	\$82,537		
3	\$90,791		
4	\$99,870		
5	\$109,857		
6	\$120,842		
7	\$132,927		
8+	\$146,219		

Step 2: **Provide Household and Income Information** BWP account holder or co-applicant name: Service address: City: State: Phone: (Type: Cell Home Other: Email: I am currently enrolled in the BUSS program and am BWP account #: re-enrolling in the program for a new year. **Household Income** Please provide your household income information. **Household size: Total household annual income:**

I attest that my household meets the Burbank PASS Program income limits and qualifies for the Burbank Utility Service Subsidy Program.



BURBANK UTILITY SERVICE SUBSIDY (BUSS) PROGRAM

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

Step 3: **Review and Accept Program Terms and Conditions**

Re	eviewed By:	FOR BWP USE ONLY Received On:	
		FOR BWP USE ONLY	
	Burbank, CA 91503-0631	Burbank, CA 91502-1720	number in the subject line.
	P.O. Box 631	164 W. Magnolia Blvd	Please have your account
	Burbank Water and Power	Burbank Water and Power	BUSS@burbankca.gov
	Mail:	Drop Off:	Email:
Ste	Submit your Applic	cation via Email, Mail, or D	TOP OIT III PERSON
Sto	5: Submit your Applic	estion via Email Mail ar D	ron Off in Dorson
	Program (LIHWAP).		
	Immigrants (CAPI), Low Income Hom	e Energy Assistance Programs (LIHEAP) or Low Income Household Water Assistance
	CalWORKs, CalFresh, Supplemental	Security Income (SSI), Refugee Assistan	ce Program, Cash Assitance Program for
	Any verification of income assistance	e with: Burbank Housing Authority (BH	A) Section 8 program, Medi-Cal / Medicaid,
	or	avallable at. 1K3.90v/ Illulviduals/ 9	er tanscript
Ш		rn / Tax Return Transcript / Wage and I available at: IRS.gov/individuals/g	
	Official IDS documents for Toy Detro	rn / Tay Datum Transprint / \\/acc 1	acome Transcript
Ste	Provide Copies of	Required Documentation f	or ALL Household Members
Sig	<mark>jnature:</mark>	Date:	
atte	est that all information contained in	this application is true and correct.	
			am terms and conditions and hereby swear
	gram is available until funds are ex website.	hausted. Program is subject to chan	ge without notice. For full program details,
-		its must recertify for the program each	
			icant is found to have falsified any informa
	gram applicant must be the accoun ount, please call BWP Customer Ser	vice at (818) 238-3700, Monday - Frida	

FOR BWP USE ONLY			
Reviewed By:		Received On:	
☐ New applicant	Renewal	Approved On:	