

RESIDENTIAL ENERGY ASSISTANCE PROGRAM INFORMATION AND APPLICATION INSTRUCTIONS

Imperial Irrigation District’s Residential Energy Assistance Program (REAP) provides income-qualifying customers with a 20 percent discount on their electric bill. IID also offers a 30 percent REAP discount to qualifying customers age 62 or older. Participants who are 62 or older will need to reapply for REAP every two years, while all other participants must reapply annually. It is the customer’s responsibility to renew the application. The income guidelines are as follows:

Maximum Household Income (Effective as of January 1, 2020)	
No. of Persons in Household	Combined Annual Household Income
1-2	\$33,820
3	\$42,660
4	\$51,500
5	\$60,340
Each additional person	\$8,840

To establish eligibility you must complete the enclosed application and return it, along with any supporting proof of income (*such as pay stubs, Social Security statements or other income documents*). This is required for each adult in residence. The applicant must be the customer of record with IID and cannot be claimed on another person’s Income Tax Return as a dependent. The discount will only be applied upon verification and approval.

How to Apply

1. Complete and sign application (*also available for download at www.iid.com/reap*).
2. Provide proof of income verification for most current month (*for each adult in residence*).
3. Most recent tax returns.
4. Submit completed application, along with supporting documents, to energyassistance@iid.com or mail to IID (*pre-paid mailer enclosed*).

You can also apply at the following Customer Service Centers:

Brawley
135 S. Plaza St.

Calexico
301 Imperial Ave.

El Centro
1285 Broadway

La Quinta
81-600 Avenue 58

Office hours: Monday - Thursday, 7:30 a.m - Noon & 1 - 5:30 p.m.

Renewals:

- Renew discount each time you move.
- To avoid interruption of your discount, it is recommended that you apply 4-6 weeks prior to your renewal application expiration date.

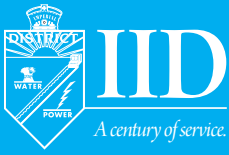
General Disclaimers:

- Your primary residence must be in IID’s service area.
- You must provide information requested within 10 working days or the application will be void.
- Account must be in good standing to qualify.
- I agree to notify IID if my income changes.

You Do Not Qualify for REAP if:

- You have multiple residential accounts.
- You have a commercial account (except domestic water pumps).
- You do not meet the income guidelines.
- Your account has been assigned for collection.
- You have history of unauthorized and unmetered energy consumption or meter tampering.
- Other restrictions may apply.

For more information on REAP, please contact IID or visit our website at www.iid.com/reap.
1-760-339-9032 (REAP Representative) • 1-800-303-7756 (Customer Service)



RESIDENTIAL ENERGY ASSISTANCE PROGRAM APPLICATION

CUSTOMER INFORMATION (Entire application must be completed and signed. Please print clearly.)

IID Contract Account Number *(or name of mobile home park):*

Name *(as shown on your IID bill)*

Last Four Digits of SS#

DOB

Service Address

City

State

Zip Code

Telephone Number

Email Address *(optional)*

HOUSEHOLD INFORMATION AND INCOME VERIFICATION

Number of persons in my household *(include yourself, other adults and children):* Adults Children (under 18)

Total combined gross annual household income *(total amount you receive before taxes):* \$

The definition of "gross annual household income" is all money and non-cash benefits, from all sources, both taxable and non-taxable, before taxes and all deductions for persons who live in my home. This includes, but is not limited to, the following:

Please check (✓) ALL sources of your household income.

- Wages, Salaries & Commission
- Disability/Workers Comp
- Social Security/SSI/SSP
- Alimony/Spousal/Child Support
- W-2 or 1099M Form(s) from Employers
- Self-Employment Income & (Schedule C)
- Unemployment Benefits
- Veterans Benefits
- Rental Income (Schedule E)
- Cash Aid
- Retirement/Pension

DECLARATION & SIGNATURE

I certify under penalty of perjury under the laws of the state of California that the information I have provided in this application is true and correct. The IID bill is in my name. I understand this application does not guarantee my participation in the program. I am not claimed on another person's income tax return. I agree to provide proof of my household income if requested by IID. I understand that IID may require me to submit a completed IRS 4506T form for income verification with the Internal Revenue Service. I, the account holder/applicant, live on the premises. **I agree to inform IID if I no longer qualify to receive the discount. I understand that when I receive any discount or benefit without meeting the qualifications for it, I may be required to pay back the discount I received.**

Customer Signature _____ Date _____

FOR OFFICE USE ONLY

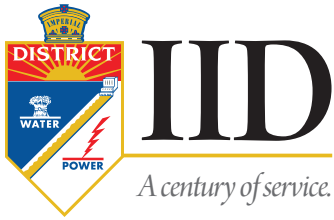
RENEW NEW MOVED

WI MAIL EMAIL FAX

Status _____ Discount Amount _____ Initials _____ Date _____

Comments _____

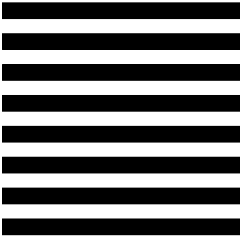
Please fold on the dotted lines, seal and mail the completed application to IID.
No postage is necessary. Use tape to seal—no staples!



PO BOX 937
IMPERIAL, CA 92251-9945



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 2 IMPERIAL, CA

POSTAGE WILL BE PAID BY ADDRESSEE

RESIDENTIAL ENERGY ASSISTANCE PROGRAM
IMPERIAL IRRIGATION DISTRICT
PO BOX 937
IMPERIAL CA 92251-9945

