



RESIDENTIAL ENERGY ASSISTANCE DESIGNED FOR YOU

PROGRAM INFORMATION AND APPLICATION INSTRUCTIONS

Imperial Irrigation District's Residential Energy Assistance Designed For You (READY) program provides income-qualifying customers with a 20 percent discount on their electric bill. IID also offers a 30 percent READY discount to qualifying customers age 60 or older. Participants who are 60 or older will need to reapply for READY every three 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 Gross Income (Effective as of January 1, 2026)	
No. of Persons in Household	Combined Annual Household Income
1-2	\$52,300
3	\$63,300
4	\$74,300
5	\$85,300
Each Additional Person	\$11,000

To establish eligibility you must complete the enclosed application and return it, along with any supporting proof of income (*pay stubs, social security statements or other income documents*). This is required for each adult in the single-family residence. The applicant must be the customer of record with IID. Persons not living in household cannot be claimed on another federal income tax return as a dependent, nor claim anyone that does not live in the single-family household. 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/ready*).
2. Provide proof of income verification for most current month (*everyone in residence and additional income may be required*).
3. Most recent federal tax returns, including all schedules.
4. Provide identification and social security number for all adults.
5. Submit completed application, along with supporting documents to:
 - **energyassistance@iid.com**
 - fax (760)339-9744
 - mail to IID: PO Box 937, Imperial, CA 92251 (*pre-paid mailer enclosed*)
 - or in person at the following Customer Service Centers:

Brawley	Calexico	El Centro	La Quinta
135 S. Plaza St.	301 Imperial Ave.	1285 Broadway	81-600 Avenue 58

CHECKLIST

- Completed/signed application
- Proof of income (no bank statements)
- Recent federal tax returns
- ID & SSN for adult members of household

🕒 Office hours: Monday - Thursday, 8 a.m - 12 p.m. & 1 - 5 p.m. CLOSED ON FRIDAYS

Renewals:

- To avoid interruption of your discount, it is recommended that you apply 4-8 weeks prior to your renewal application expiration date.

General Disclaimers:

- Your primary single-family residence must be in IID's service area.
- You must provide information requested within 10 working days or the application will be voided.
- Account must be in good standing to qualify.
- In order to qualify, tampering fees need to be paid in full, or have at minimum a 12 month good payment history of the tampering fees.
- **I agree to notify IID if my income changes.**

Change of Address:

- You are required to contact IID if you move and need READY discount to continue at new address.

You Do Not Qualify for READY if:

- You have multiple residential accounts or the residence is multi-family.
- You do not meet the income guidelines.
- There is an income tax discrepancy.
- History of unpaid debt/collections (power, water or miscellaneous).
- Other restrictions may apply.

For more information on READY, please contact IID or visit our website at www.iid.com/ready.



RESIDENTIAL ENERGY ASSISTANCE DESIGNED FOR YOU APPLICATION

CUSTOMER INFORMATION (Entire application must be completed and signed. Please print clearly with black or blue ink.)

IID Contract Account Number (or name of mobile home park)		Telephone#
Name (as shown on your IID bill)		Email
Address		

HOUSEHOLD INFORMATION AND INCOME VERIFICATION

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

Did anyone in your household file federal tax returns? Yes No

Total combined gross annual household income: (before taxes) \$ _____
(Will be required to show proof of income. Bank statement not acceptable form of proof.)

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

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Wages, Salaries & Commission | <input type="checkbox"/> Disability/Workers Comp | <input type="checkbox"/> Self-Employment Income (Schedule C) |
| <input type="checkbox"/> Alimony/Spousal/Child Support/Foster | <input type="checkbox"/> Veterans Benefits | <input type="checkbox"/> Rental or Royalty Income (Schedule E) |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Retirement/Pension | <input type="checkbox"/> Interest or Dividends from Savings, Stocks, Bonds or Retirement Accounts |
| <input type="checkbox"/> Cash Aid | <input type="checkbox"/> Social Security/SSI/SSP | <input type="checkbox"/> Other |

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 federal 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 8821 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. I understand that if my application is denied, I must wait six months before I can reapply. I understand that IID can share my information with other assistance program agencies.**

Customer Signature _____	Date _____
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I agree to receive calls at the above number and/or email, through an automatic-dialer, or a prerecorded message from, or on behalf of IID for rebates, savings, or other low-income qualified program information. I understand that consent to receiving these calls is not required to enroll in this program and that messages and data rates may apply.

FOR OFFICE USE ONLY	
<input type="checkbox"/> RENEW <input type="checkbox"/> NEW <input type="checkbox"/> MOVED	<input type="checkbox"/> WI <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX
Status _____ Discount Amount <input type="checkbox"/> 20% <input type="checkbox"/> 30% Initials _____	Date _____
Comments _____	