



City of Lake Wales Utility Lifeline Assistance Program Frequently Asked Questions

Q. What is Lifeline Assistance?

A. Lifeline is an assistance program by which Lake Wales' low-income residential water and sewer customers can apply to receive a credit, equivalent to the established base charge, on their monthly water/sewer utility bills.

Q. Do I have to apply for a credit every month?

A. No, you have to apply no more than once per year. Assistance will terminate one year from approval date. No renewal notification will be sent. To be able to continue in the program, recipients must re-apply annually. Recipients must notify the City's Utility Billing Department when they are no longer eligible for the assistance.

Q. Am I eligible?

A. Fill out Lifeline Assistance Form Number LL1 if you receive state or federal assistance from any of the following programs:

- Food Stamps
- Medicaid
- Federal Public Housing Assistance (Section 8)
- Supplemental Security Income (SSI)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families (TANF)
- National School Lunch (NSL) Program's free lunch program

Q. Am I eligible if I do not receive any public assistance?

A. Yes, if you meet the low-income guidelines. Fill out Lifeline Assistance Form Number LL2. Household income must be less than one hundred thirty-five percent (135%) of the U.S. Poverty Guidelines. The federal poverty guidelines are based on the number of people in the household and the total amount of money received by each member in the household. Current income guidelines are:

Income Guideline Chart - 135% of the Poverty Level

Number of People in Household	Monthly	Yearly
1	\$ 1,337	\$ 16,038
2	\$ 1,802	\$ 21,627
3	\$ 2,268	\$ 27,216
4	\$ 2,734	\$ 32,805
Add this amount for each additional person in the household with more than 4 people.	\$ 468	\$ 5,616

Q. How do I sign up?

A. A form may be obtained from the Administrative Municipal Building (Customer Service or Cashier Area) or downloaded from the City's website – www.cityoflakewales.com.

Q. Where do I return my completed application and documents?

A. Your application and documents should be returned to the Customer Service/Cashier area located within the Municipal Administrative Building at 201 W. Central Avenue, Lake Wales, or mailed to:

City of Lake Wales
Attn: Utility Billing/Lifeline
P.O. Box 1320
Lake Wales, FL 33859-1320

Q. Can my services be disconnected if I do not pay my utility bills?

A. Yes. The account will be subject to all payment due dates, penalty assessments for late payments, and fees for non-payment and all services. Payments must be made timely.

Q. What happens to my Lifeline assistance if I no longer qualify?

A. Recipients must notify the City's Utility Billing Department when they are no longer eligible for this assistance program.

Q. Will everyone who qualifies receive assistance?

A. No. Participation is limited to ten (10) percent of total utility customers. The quota for assistance is established on October 1st of each year.

Q. Will a waiting list be maintained?

A. Yes. Completed applications that are received after the current year's quota is met will be placed on a waiting list, which will expire one year from date of receipt.

Q. Should I re-apply annually?

A. Yes. The assistance expires one year from the approval date.

FOR ADDITIONAL INFORMATION YOU MAY CALL CUSTOMER SERVICE AT (863) 678-4182 EXT 221 OR EXT 226.



Application for Lake Wales Utility Lifeline Assistance Program
(Annual Renewal Required)

FORM - LL1

Billing Name: _____

Service Address: _____

City: _____ State: _____ Zip Code: _____

Last Four Digits of Social Security Number: _____

Telephone Number: (_____) _____ Utility Account Number: _____

I hereby certify that I participate in the following public assistance program(s):
(Check all that apply. Utility account must be in public assistance recipient's name.)

- Temporary Cash Assistance (TCA)
- Food Stamps
- Medicaid
- Low-Income Home Energy Assistance Program (LIHEAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (Section 8)
- National School Lunch Program (NSLP)

Please be sure to enclose the following in order to expedite processing:

- Recent copy of City of Lake Wales utility bill
- Completed and signed application
- Copy of applicant's identification (ID card, voter registration card, driver's license, etc.)
- Copy of award letter(s) or letter(s) from agency from which public assistance is received.

Please read the following statement carefully before signing:

I certify, under penalty of perjury, that I am a current recipient of the above program(s) and will notify Lake Wales Utility Billing when I am no longer participating in any of the above designated program(s). I give permission to the duly authorized official(s) administering the above program(s) to provide to the Lake Wales Utility Billing Department my participation status in any of the above program(s). I give this permission on the condition that the information in this form and any information about my participation in the above program(s) provided by officials by maintained by the Lake Wales Utility Billing Department as confidential customer account information.

Applicant Signature

Date

Please mail or bring this application and required documents to the City of Lake Wales Municipal Administration Building, Utility Billing Department.

City of Lake Wales
Attn: Utility Billing/Lifeline
P.O. Box 1320
Lake Wales, FL 33859-1320

City of Lake Wales
Utility Billing Department
201 W. Central Avenue
Lake Wales, FL 33853

Customer Service Phone Number: (863) 678-4182 Ext 221 or Ext. 226



Application for Lake Wales Utility Lifeline Assistance Program
 Based on Household Income
 (Annual Renewal Required)
Form – LL2

Billing Name: _____

Service Address: _____

City: _____ State: _____ Zip Code: _____

Last Four Digits of Social Security Number: _____

Telephone Number: (_____) _____ Utility Account Number: _____

How many people live in your household?
 Total Number: _____ Number of children under age of 18: _____

What is your total monthly/yearly household income? (Please select monthly/yearly)
 \$ _____ (monthly / yearly) Number of people receiving income: _____

- Please be sure to enclose the following in order to expedite processing:
- Recent copy of City of Lake Wales utility bill
 - Completed and signed application
 - Copy of applicant’s identification (ID card, voter registration card, driver’s license, etc.)
 - Proof of total household income *(see page 2 for examples)*.

Please read the following statement carefully before signing:

I certify, under penalty of law, that I am the applicant for the Lifeline Assistance Program requested above. I agree to notify the Lake Wales Utility Billing Department when I am no longer eligible for this assistance program. The information provided above and its attachments are true and correct.

 Applicant Signature Date

Please mail or bring this application and required documents to the City of Lake Wales Municipal Administration Building, Utility Billing Department.

City of Lake Wales Attn: Utility Billing/Lifeline P.O. Box 1320 Lake Wales, FL 33859-1320	City of Lake Wales Utility Billing Department 201 W. Central Avenue Lake Wales, FL 33853
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Customer Service Phone Number: (863) 678-4182 Ext. 221 or Ext. 226.

2016 FEDERAL POVERTY LEVEL GUIDELINES

Based on the 2016 U.S. Department of Health and Human Services Poverty Guidelines effective January 2016

Income Guideline Chart - 135% of the Poverty Level

Number of People in Household	Monthly	Yearly
1	\$ 1,337	\$ 16,038
2	\$ 1,802	\$ 21,627
3	\$ 2,268	\$ 27,216
4	\$ 2,734	\$ 32,805
5	\$ 3,200	\$ 38,394
6	\$ 3,665	\$ 43,983
7	\$ 4,133	\$ 49,586
8	\$ 4,601	\$ 55,202
Add this amount for each additional person in the household with more than 8 people.	\$ 468	\$ 5,616

Examples of Proof of Household Income and Supporting Documents
(You need only send the document(s) that apply to your household.)

Social Security Statement of Benefits

U.S. Income Tax Return

W-2 Wage and Tax Statements

Food Stamp, Medicaid, Public Housing, LIHEAP, TANF, SSI, and WAGES eligibility determination letters that show the income of the household

Veteran's Administration Statement of Benefits

Unemployment Statement of Benefits

Bank Statement that shows the income of the household

Workers' Compensation Statement of Benefits

Divorce or Child Support Decree

Three (3) consecutive pay stubs

Other official documents that state your income