

**NEVADA IRRIGATION DISTRICT
LOW INCOME RATE ASSISTANCE (LIRA) PROGRAM APPLICATION**

1036 West Main Street, Grass Valley CA 95945 * customerservice@nidwater.com * 530-273-6185

At Nevada Irrigation District (NID), we care about our customers. We are pleased to offer our Low-Income Rate Assistance (LIRA) program to single-family, residential, treated water account holders who participate in other assistance programs listed below. Qualifying customers receive a fixed monthly discount of \$8.50.

If you qualify for this discount, please complete the application below and return to: Nevada Irrigation District, Attn: Customer Service Department, 1036 West Main Street, Grass Valley CA 95945.

Program Qualifications:

- Applicant must provide proof of enrollment in one of the following qualified public assistance programs:
 - Medicaid/Medi-Cal for Families A&B
 - Supplemental Security Income (SSI)
 - CARE (gas & electric company discount)
 - Bureau of Indian Affairs General Assistance
- The NID account must be in your name.
- You must live at the address where the discount will be received.
- Following enrollment, you may be required to provide proof of eligibility.
- It is the responsibility of the applicant to reapply for the discount every year.
- Customers enrolled in LIRA must keep their account current. If service is disconnected for non-payment, customer may be removed from the program and will be ineligible to reapply for 12 months, during which time there must be no additional disconnections in service.
- In 2019, LIRA qualifying accounts will receive a discount beginning July 1, 2019 if applied for by August 31, 2019. All other qualifying customers will begin receiving the discount in the month following notification of eligibility.
- You must notify NID within 30 days if your household no longer qualifies for the LIRA discount.

For questions, please email: customerservice@nidwater.com or call 530-273-6185.

NEVADA IRRIGATION DISTRICT CUSTOMER INFORMATION (please print or type):

NID ACCOUNT NUMBER: _____ **Phone #:** _____

NAME AS IT APPEARS ON YOUR NID BILL: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

EMAIL: _____

PLEASE CHOOSE BASIS FOR ELIGIBILITY:

- | | |
|---|--|
| <input type="checkbox"/> Medicaid/Medi-cal for Families A & B | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> CARE (gas and electric discount) | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |

DECLARATION (please read carefully and sign below):

I state that the information I have provided in this application is true and correct. I agree to provide proof of eligibility if asked. I agree to inform Nevada Irrigation District if I no longer qualify to receive the discount. **I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received.**

NID Customer Signature _____ *Date* _____

This Low-Income Rate Assistance application may be executed in several counterparts, each of which shall be deemed original and facsimile and electronic signatures, including pdf, shall be considered valid.

FOR NID USE ONLY: QUALIFYING CUSTOMER? YES NO IF YES, DISCOUNT START DATE: _____

IF NO, REASON: _____

CUSTOMER NOTIFIED: YES NO DATE MAILED: _____ Initials: _____