



DATE RECEIVED:

PROJECT ASSIST ELIGIBILITY APPLICATION

The City of Oxnard “PROJECT ASSIST” program provides a \$25.00 monthly discount to qualified residential utility billing customers. The monthly discount will be applied to your City of Oxnard utility bill following confirmation of eligibility. Applications received and approved by the 15th of the month will reflect the discount on the next billing cycle.

To be considered for this benefit you must submit a completed application and provide proof of enrollment to Southern California Edison (SCE) or SoCalGas (SCG) California Alternate Rates for Energy (CARE) program. All documents must be under the applicant's name and the residence must be a primary address. Only single family residential homes are eligible for the discount. The program is for Fiscal Year 2024-2025 (July 1, 2024 through June 30, 2025).

Prior to submitting your application, ensure that all boxes below are checked:

- A fully completed and signed Utility Rate Assistance Application
- A copy of your most recent City of Oxnard utility bill
- A copy of your SCE or SCG bill showing participation in the CARE program

You may submit your application by email: project.assist@oxnard.org or mail: City of Oxnard, Attn: Utility Rate Assistance Program “Project Assist”, 111 S. Del Norte Blvd, Oxnard, CA 93030.

If you have questions regarding the program or the status of your application, you may contact Maria Martinez at: (805) 200-2202.

Utility Rate Assistance Program “Project Assist” Agreement

The property applying for the benefit MUST be your primary household. *Tenants participating in the City's Public Housing Program or Section 8 Housing Choice Voucher Program already receive a utility allowance, and are not eligible for this discount.*

I, hereby, authorize the City of Oxnard Utility Billing Division to enroll me in the Utility Rate Assistance Program. I agree to inform the City of any changes in income or ineligibility in the CARE program. I agree to furnish proof of eligibility when requested. I understand that if I receive the monthly benefit after I am no longer eligible, I may be required to pay it back.

Name of Applicant: _____ Phone Number: _____

Home Address: _____

City of Oxnard Cycle-Route/Billing AccountNumber: _____

Signature: _____ Date: _____