



COMMUNITY SERVICES DEPARTMENT
FAMILY & HUMAN SERVICES DIVISION



INCOME-QUALIFIED SENIOR WATER DISCOUNT PROGRAM
APPLICATION

- New Applicant
Renewal

Name (must match water bill account name)
City Water Bill Account No.
Service Address
City State Zip
Telephone# ()
Alt. Phone# ()
Email Address

There are ___ people residing in my household \$ ___ Monthly / ___ Annually
Total Gross Income

Please answer the following questions:
YES NO If your answer is "NO" to any of these questions, you do not qualify
I am at least 55 years of age (Enclose a copy of your ID or Driver's License)
I am a Signer on a water account with the City of Santa Fe Springs (Enclose a copy of Water bill)
This property is my permanent primary residence
I am NOT claimed as a dependent on another person's tax return

Please indicate what types of income your household receives:
___ Wages and Salaries ___ Disability Payments
___ Unemployment Benefits ___ Insurance Settlements
___ Rental or Royalty Income ___ Child Support
___ Worker's Compensation ___ Pensions
___ Social Security, SSI, SSP ___ Spousal Support
___ Legal Settlements ___ Other Income:
___ TANF (AFDC) ___ Cash
___ Profit from Self-Employment (IRS Form 1040, Schedule C, Line 29) ___ Interest or Dividends from Savings Accounts, Stocks, Bonds, or Retirement Accounts

I certify that the information I have provided in this application is true and correct. I agree to provide proof of income, if asked, and I understand that the City reserves the right to verify my household's income. I agree to inform the City of Santa Fe Springs if I no longer qualify to receive this discount. I understand that if I receive the discount without meeting the qualifications for it, I may be required to pay back the discount I received.

Customer Signature
Date

Office Use Only: Reviewed by ___ Init. Approved by ___ Init.

The Income-Qualified Senior Water Discount Program provides a 25% discount off your water bill, subject to the limitations stated below, and if you meet all of the following eligibility requirements and income limits. To apply for this discount, please complete this application and mail, fax or email it with supporting documents to the Gus Velasco Neighborhood Center (GVNC), Family & Human Services.

Mail: 9255 Pioneer Blvd., Santa Fe Springs, CA 90670

Fax: Attn: Ramon Escobedo - Program Coordinator (562) 695-8620

E-mail: RamonEscobedo@santafesprings.org

If you need assistance or have any questions, please call (562) 692-0261

Eligibility Requirements:

- * Applicant must be at least 55 years old
- * Applicant's property must be served by the City and the water bill must be in the applicant's name
- * Applicant's property must be their permanent primary residence
- * Applicant cannot be claimed on another person's income tax return

The total combined annual gross income of applicant's household, based on the total number of persons who live in the household, must not exceed the following limitations:

<u>HOUSEHOLD SIZE</u>	<u>MONTHLY INCOME</u>	<u>YEARLY INCOME</u>
1	\$3, 051.67	\$36, 620
2	\$3, 051.67	\$36, 620
3	\$3, 838.33	\$46, 060
4	\$4, 625.00	\$55, 500
5	\$5, 411.67	\$64, 940
6	\$6, 198.33	\$74, 380
7	\$6, 985.00	\$83, 820
8	\$7, 771.67	\$93, 260
For Each Additional Household Member	ADD \$786.67	ADD \$9,440

The term of the discount will be for two years after approval ending on June 30th. Prior to expiration, a letter will be mailed to the applicant to recertify their information. Recertification must be received by June 1st of the corresponding year. If the application is not recertified by that date, the discount will be removed.

Discount Limitations:

The discount only applies to the first 18 units (CCF) of water used in a bi-monthly period. All water used in excess of 18 units in a bi-monthly billing period will be billed at the normal City water rate.