



CITY OF SOUTH PASADENA

FINANCE DEPARTMENT

1414 MISSION STREET, SOUTH PASADENA, CA 91030

TEL: 626.403.7309 • FAX: 626.403-7251

EXEMPTION APPLICATION FOR REDUCTION OF RUBBISH AND WATER RATES

DATE: _____ ACCOUNT NUMBER: _____

NAME: _____

PROPERTY ADDRESS: _____

TELEPHONE:

WORK _____ HOME _____ CELL _____

INCOME:

WAGES \$ _____ PENSION \$ _____

INTEREST \$ _____ INSURANCE \$ _____

DIVIDENDS \$ _____ SOCIAL SECURITY \$ _____

OTHER \$ _____

TOTAL GROSS HOUSEHOLD INCOME (PREVIOUS YEAR) \$ _____

THE COMBINED GROSS INCOME OF ALL MEMBERS OF THE HOUSEHOLD IN WHICH I RESIDE IS LESS THAN THE VERY LOW (50%) INCOME LIMIT FOR LOS ANGELES COUNTY ESTABLISHED BY THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (SEE INCOME LIMITS ON REVERSE).

ATTACH A COMPLETE COPY OF LAST YEAR'S FEDERAL INCOME TAX RETURN INCLUDING SUPPORTING SCHEDULES AND SSA 1099 FORM.

NUMBER OF PERSONS IN HOUSEHOLD _____

DO YOU PRESENTLY OCCUPY ONE OF THESE HOUSING UNITS? _____

I CERTIFY OR DECLARE UNDER PENALTY OF PERJURY THAT ALL INFORMATION SUBMITTED WITH THIS CLAIM IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE _____ DATE _____

FINANCE DEPARTMENT USE ONLY

DATE RECEIVED: _____ APPROVED BY: _____ DATE APPROVED: _____

CITY OF SOUTH PASADENA

APPLICATION FOR REDUCTION OF RUBBISH AND WATER RATES QUALIFICATIONS FOR RATE REDUCTION INCOME LIMITS 2016

APPLICANT'S FAMILY INCOME LEVEL CANNOT EXCEED THE FOLLOWING:

Effective 2016

<u>FAMILY SIZE</u>	<u>INCOME LIMIT</u>
1 PERSON	\$30,400
2 PERSON	\$34,750
3 PERSON	\$39,100
4 PERSON	\$43,400
5 PERSON	\$46,900
6 PERSON	\$50,350
7 PERSON	\$53,850
8 PERSON	\$57,300

CLAIMANT/RECIPIENT MUST BE THE PERSON IDENTIFIED ON THE UTILITY BILL.