



# CITY OF SOUTH PASADENA

## FINANCE DEPARTMENT

1414 MISSION STREET, SOUTH PASADENA, CA 91030

TEL: 626.403.7250 ■ EMAIL: FINANCEDEPARTMENT@SOUTHPASADENACA.GOV

### 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 WATER AND TRASH RATE REDUCTION**  
INCOME LIMITS 2020

APPLICANT'S FAMILY INCOME LEVEL CANNOT EXCEED THE FOLLOWING:

Effective: January 2020

<u>FAMILY SIZE</u>	<u>INCOME LIMIT</u>
1 PERSON	\$39,450
2 PERSON	\$45,050
3 PERSON	\$50,700
4 PERSON	\$56,300
5 PERSON	\$60,850
6 PERSON	\$65,350
7 PERSON	\$69,850
8 PERSON	\$74,350

Return application to:

City of South Pasadena  
Finance Department  
1414 Mission Street  
South Pasadena, CA 91030

OR

Email: [financedepartment@southpasadenaca.gov](mailto:financedepartment@southpasadenaca.gov)