



CITY OF GLENDALE UTILITY USERS TAX EXEMPTION APPLICATION



CUSTOMER INFORMATION

Name on GWP Account: _____ Age: _____

Address: _____

Account Number: _____

Daytime Contact Name: _____ Phone: () _____

OTHER RESIDENTS LIVING IN THE HOME

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

PROGRAM DESCRIPTION

Utility Users Tax is charged to all users of electricity, water, gas, telephone, and cable services within the City of Glendale. The City offers two types of exemptions; senior and disabled exemptions. Please see requirements below.

SENIOR UTILITY USERS TAX EXEMPTION REQUIREMENTS

Exempts utility users tax on GWP bill as well as gas, phone, and cable bills that are provided.

To be eligible:

- At least one household member must be 62 or older and gross household income must be less than **\$13,950**.
- Provide copies of gas, phone, and cable bills for each account for which a discount is requested.
- Provide proof of income and proof of age.

DISABLED UTILITY USERS TAX EXEMPTION REQUIREMENTS

Exempts utility tax on GWP bill only. Please see table below for income eligibility guidelines.

To be eligible:

- At least one household member must be 55 or older and disabled.
- Total household income must be at or below income guidelines. See table below.
- Must provide documentation verifying age and disability of disabled household member such as SSI or SSA Social Security Disability document. For the purposes of this exemption, a household member is considered disabled when they have a verifiable permanent disability income such as Supplemental Security Income, Social Security Disability, or disability retirement income.

Income Eligibility Guidelines

Number of Household Members	Maximum Gross Annual Income
1-2	\$32,040
3	\$40,320
4	\$48,600

For each additional household member add \$8,320

CONDITIONS FOR PARTICIPATING

- GWP low-income applicant must be the primary account holder.
- Name on the GWP account must match the name on the application and must be a full time resident of the household.
- Applications submitted by co-signers are not accepted.
- Proof of income and age are required. A legible photocopy of your birth certificate, valid CA driver's license, CA State ID, or similar government issued identification is required. Additional requirements may apply, see Glendale Municipal Code, 1995, Section 4.36.070

COMPLETE AND SIGN PAGE 2



CERTIFICATIONS FOR CITY OF GLENDALE UUTE

Please check all sources of gross (before taxes) household income for the current year. This means all money and non-cash benefits for living expenses, from all sources, taxable and non taxable, before deductions, including expenses. Please provide supporting documents for all sources checked below. Allow 30-60 days for processing your application.

Wages, Salaries, Including IHSS
Submit 3 most recent pay stubs

General Relief
Submit a Statement of Benefits letter

CalFresh (Food Stamps), Cash Aid, CAPI
Submit Verification of Benefi Letter from Dept of Public Social Services or Advantage card

Section 8, HUD
Submit document of current year(s) Housing Assistance Payment

Spousal and/or Family Support
Call our office at (818) 548-3368

Zero Income
Submit current Food Stamp Award letter indicating zero income from the Dept. of Public Social Services or call our office at (818) 548-3368

Social Security (SSA)
Submit a Benefit Verification Letter showing your current monthly benefit. You may request a benefit letter from SSA by calling (800)772-1213.

Supplemental Sec Income (SSI/SSP)
Submit a Benefit Verification Letter showing your current monthly benefit. You may request a benefit letter from SSA by calling (800)772-1213.

Interest, Dividends, Annuities

CalWORKs (TANF)

Unemployment Benefits

Pensions

Rental or Royalty Income

Legal and Insurance Settlements

Disability Payments

Child Support

Profit from Self Employment

Cash Gifts, Grants, Aid

Worker's Compensation

Other Income

The total number of residents living in my home, including myself:

The total gross annual household income is: \$

I am applying for City of Glendale UUTE. I understand the eligibility guidelines on page 1.

Age of Senior or Disabled Member

My current total gross annual household income from all members and sources is \$

I certify under penalty of perjury that the information provided herein is true and correct. I agree to provide additional proof of income, age, disability, and other documentation if requested. I agree to inform GWP within 30 days if the senior or disabled member of the household moves, or if I otherwise no longer qualify for this program. I acknowledge that if I move, I must reapply and submit a new application and documents. I understand that each year 10% of program participants are randomly selected for recertification, and when selected I must recertify. Failure to recertify will result in program removal. I acknowledge that information provided herein may be shared with other utilities and/or City departments.

_____ **GWP CUSTOMER SIGNATURE**

_____ **Date**