



# Utility Users Tax Exemption Program

[GWPRateassistance@GlendaleCA.gov](mailto:GWPRateassistance@GlendaleCA.gov)

818-548-3368



## APPLICANT & ACCOUNT INFORMATION

Account Number: \_\_\_\_\_ Account Holder Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

## HOUSEHOLD INCOME & OTHER RESIDENTS LIVING IN THE HOME

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

The total number of residents living in the home including myself is: \_\_\_\_\_

The total gross annual household income is: \$ \_\_\_\_\_

## SENIOR UTILITY USERS TAX EXEMPTION REQUIREMENTS

**The Senior Utility Users Tax Exemption exempts the tax on your GWP Bill, Gas Bill, Phone Bill, and Cable Bill. The minimum requirement listed below must be met to qualify.**

Is at least one household member a senior (62 or older) **and** the gross annual household income less than **\$13,950**? ☐ Yes ☐ No

☒ If **yes**, please follow the instructions listed below:

**Qualifying household member Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

- ☐ Provide proof of age for the qualifying household member listed above.
- ☐ Provide proof of income for all household members over the age of **18** as described in the **“Acceptable Declared Income”** section.
- ☐ Provide copies of gas, phone, and cable bills for each account the tax exemption is requested.
- ☐ Provide recent proof of housing costs (rent receipt, rental agreement, mortgage statement).

☒ If **no**, continue to the **“Disabled Utility Users Tax Exemption Requirements”** Section.

## DISABLED UTILITY USERS TAX EXEMPTION REQUIREMENTS

The **Disabled Utility Users Tax Exemption** exempts the tax on your **Glendale Water and Power Bill Only**. The minimum requirements listed below must be met to qualify.

Is at least one household member **55** years of age or older **and** is classified as permanently disabled by the Social Security Administration? ☐ Yes ☐ No

☒ If **yes**, please follow the instructions listed below:

**Qualifying household member Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

- ☐ Provide proof of disability from the Social Security Administration for the qualifying household member listed above.
- ☐ Provide proof of age for the qualifying household member listed above.
- ☐ Provide proof of income for all household members over the age of **18** as described in the **“Acceptable Declared Income”** section.
- ☐ Provide recent proof of housing costs (rent receipt, rental agreement, mortgage statement).
- ☐ Ensure household annual gross income is at or below the income eligibility guidelines as stated below.

Number of Household Members	Annual Gross Income Limit
1-2	\$52,875
3	\$66,625
4	\$80,375
5	\$94,125
For each additional household member increase the total gross annual income by \$13,750	

☒ If you answered **“No”** to both minimum requirement questions you do not qualify for the Utility Users Tax Exemption Program.

## DECLARED INCOME AND ACCEPTABLE DOCUMENTS

- ☐ **CalFresh / CalWORKs** - Notice of Action, Notice of Approval or Verification of Benefits letter.
- ☐ **Social Security Administration Income** – Provide a recent SSA document showing your monthly benefit amount
- ☐ **Wages or Salaries** – Provide the last 2 months of paycheck stubs, or a letter from your employer stating your monthly gross income if paid in cash
- ☐ **Self-Employment** – Provide prior year tax return documents
- ☐ **Unemployment Benefits** – Provide a copy of Employment Development Department (EDD) award letter
- ☐ **Workers Compensation** – Provide the most recent document showing your compensation amount
- ☐ **Spousal or Child Support** – Provide a current statement showing the support amount
- ☐ **Pensions, Annuities, Interest, Dividends, Rental or Royalty Income** – Provide the most recent statement showing income amount
- ☐ **Family Support** – If you receive financial support, request a Financial Support Letter by contacting us at 818-548-3368.

## PROGRAM TERMS & CONDITIONS

1. Must certify under penalty of perjury that the total gross household income from all sources and all household members 18 years of age or older, is no greater than the income eligibility limit, and must provide proof of income when requested.
2. Applications submitted by co-signers are not accepted.
3. Must reapply every time the participant moves.
4. The electric bill must be for the participant's primary residence only.
5. Participant cannot be claimed as a dependent on another person's income tax return.
6. Must re-certify eligibility when requested (re-certification may require proof of income).
7. Must notify GWP within 10 days if the participant becomes ineligible for the exemption.
8. Other eligibility criteria may apply.
9. Please allow up to 30 days for processing.

## CERTIFICATION AND SIGNATURE

I certify under penalty of perjury that the information I have provided 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 of the qualifying household member moves, or if I no longer qualify for this program. I acknowledge that if I move, I must reapply and submit a new application with current supporting documentation. I also understand that each year program participants are randomly selected for recertification, and when selected I must recertify to continue participating in the program. Failure to recertify will result in program removals. I acknowledge that the information provided herein may be shared with other utilities and/or city departments.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## FOR GWP OFFICE USE ONLY

### Approval:

☐ Approved – Senior UUTE

☐ Approved – Disabled UUTE

### Denial:

☐ Not Senior    ☐ Not Disabled    ☐ Income requirements not met    ☐ 30-Day deadline not met

GWP Calculated Gross Annual Income: \$\_\_\_\_\_ (if applicable)

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_