



CITY OF SIGNAL HILL

2175 Cherry Avenue ♦ Signal Hill, CA 90755-3799

Low Income Water Discount

Do you qualify for the City of Signal Hill's Low Income Water Discount? The City of Signal Hill offers a low income water discount **for residents only**. The chart below, shows the maximum income allowed for each qualified household.

**Low Income Water Discount
Maximum Household Income
Effective July 1, 2018**

| Number of Persons in Household | Gross Annual Income* |
|---|---------------------------------|
| 1 - 2 | \$20,350 - \$62,000 |
| 3 | \$26,150 - \$69,750 |
| 4 | \$29,050 - \$77,500 |
| 5 | \$31,400 - \$83,700 |
| 6 | \$33,740 - \$89,900 |
| 7 | \$38,060 - \$96,100 |
| 8 | \$42,380 - \$102,300 |

* Gross income means all income of all persons who live in the home both taxable and nontaxable. Households with more than 8, please contact the City of Signal Hill, for the income calculation.

If your household size and income does not exceed the guidelines in the above chart, and you think you may qualify, please complete a customer application for Low Income Water Discount on the back page. Please provide proof of income by attaching a copy of your 2017 form 1040, form 1040EZ, form SSA-1099, or a Verification of Benefits form.

The Low Income Water Discount in the amount of \$6.18, will show on your monthly water account statement, once the completed application is reviewed and approved.

Return all the required documents to the City of Signal Hill, 2175 Cherry Avenue, Signal Hill CA 90755.

If you have any questions or need more information, please contact the water billing department Monday-Thursday, 7:30am-5:30pm or Fridays 7:30am-4:30pm at 562-989-7315.

To apply for the City of Signal Hill Low Income Discount for your **primary residence** in Signal Hill, please complete and mail this application. You will receive the low-income discount of \$6.18 for water per monthly billing. The discount will appear on your water bill for the period following receipt and approval of your completed application.

I understand the qualifications, and my total household income does not exceed the following:

| Income Requirements Effective July 1, 2018 | |
|---|--|
| Number of Persons <u>Living in My Home</u> | Gross Annual Income <u>From All Sources</u> |
| 1-2 | \$20,350 - \$62,000 |
| 3 | \$26,150 - \$69,750 |
| 4 | \$29,050 - \$77,500 |
| 5 | \$31,400 - \$83,700 |
| 6 | \$33,740 - \$89,900 |
| 7 | \$38,060 - \$96,100 |
| 8 | \$42,380 - \$102,300 |
| Households with more than 8 please contact the City of Signal Hill, for the income calculation. | Source: Department of Housing & Community Development – State Income Limits for 2018 |

Detach and keep for your records.

Date you mailed to Signal Hill _____

CUSTOMER APPLICATION
DOMESTIC LOW INCOME DISCOUNT

I understand "gross income" to mean **all income of all persons** who live in my home, including but not limited to:

- Employment, child support, alimony, interest, dividends, business or rental income and support from family and friends.
- Social Security, Veteran, Disability, Unemployment and Retirement benefits.
- AFDC, SSI, cash, public assistance and Food Stamps.
- School grants, loans or other aid.
- I will notify the City of Signal Hill if I move or exceed the income limits.
- I am not claimed on another person's income tax return.
- **I understand that the City of Signal Hill reserves the right to verify my household's income. Proof may include items such as tax returns 1040, 540, copies of government records or Form SSA-1099**
- If the City of Signal Hill finds that I received the low-income discount when I was not eligible, my account may be back billed at the applicable domestic rate.
- I will renew my application annually as requested by the City of Signal Hill.

PLEASE PRINT CLEARLY
Favor de Imprimir con Claridad

NAME AS SHOWN ON BILL _____
Nombre como aparece en su recibo Signal Hill

ADDRESS AS SHOWN ON BILL _____
Domicilio como aparece en su recibo Signal Hill

CITY Signal Hill, CA **ZIP** 90755
Ciudad Codigo Postal

HOME TELEPHONE _____
Telefono particular

WORK TELEPHONE _____
Telefono de su trabajo

CITY OF SIGNAL HILL UTILITY ACCOUNT NUMBER _____
Numero de cuenta de Ciudad de Signal Hill

THE FOLLOWING MUST BE COMPLETED

I certify that the total number of people who live in my household is _____.
The total annual **GROSS** household income of all persons living in my home, before deductions, from **ALL** sources, is \$ _____.
By signing below, I declare, under penalty of perjury, that I qualify for the Domestic Low Income Discount. I will notify the City of Signal Hill if I no longer qualify for this rate for my permanent primary residence. **I understand that I may be asked to verify my household's income.**

Signature _____ Date _____