



## UTILITY USERS TAX EXEMPTION AND SANITATION/SEWER FEE DISCOUNT APPLICATION

City of Claremont, Financial Services Division

207 Harvard Avenue, Claremont, CA 91711 (909) 399-5451

The City of Claremont provides utility tax exemptions and sanitation fee discounts to low-income households. Eligibility is based on the criteria set forth by the United States Department of Housing and Urban Development (HUD) and as covered in the Claremont Municipal Code.

To qualify for the discount, you must: **1)** live in a house or apartment, **2)** receive a utility bill, and **3)** meet the low-income criteria set forth by HUD (see below).

### APPLICANT INFORMATION

(Please type or print all information)

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Street Address: \_\_\_\_\_  
(Name & Number)

Social Security #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### ANNUAL GROSS INCOME LIMITS FOR LOS ANGELES COUNTY

(Effective June 2, 20254)

TOTAL PERSONS IN HOUSEHOLD	1	2	3	4	5	6	7	8
TOTAL ANNUAL INCOME LIMIT	\$53,000	\$60,600	68,150	\$75,750	\$81,800	\$87,850	\$93,900	\$100,000

### HOUSEHOLD INFORMATION

(List all persons in the household including yourself)

NAME	RELATIONSHIP (SELF, SPOUSE, CHILD)	SOCIAL SECURITY #	ANNUAL INCOME*
1.			
2.			
3.			
4.			
5.			
6.			
7.			

TOTAL # OF PERSONS IN HOUSEHOLD: \_\_\_\_\_ GROSS ANNUAL  
HOUSEHOLD INCOME: \$ \_\_\_\_\_

### INCOME INCLUDES

- Salaries/Wages
- Dividends/Interest
- Pension Payments
- Social Security
- Disability Payments
- Any other **recurring** source of income

### PROOF OF INCOME DOCUMENTS

- Complete & signed Federal Tax Return (most recent), including all schedules.
- A complete copy of your 2 most recent bank statements for each bank account you have (checking, savings, etc.)
- Letter from the Social Security Office stating the benefits you receive
- Any other document which proves a **recurring** source of income

\* Proof of income documents for each household member **MUST** be attached to this application.

## AFFECTED UTILITES

Please place a checkmark in the box for those utilities for which you receive a bill, and then provide the account number printed on your bill in the space provided below.

UTILITY	PROVIDER	ACCOUNT NUMBER
<input type="checkbox"/> Sanitation/Sewer**	City of Claremont	
<input type="checkbox"/> Electricity	Southern California Edison Co.	
<input type="checkbox"/> Gas	Southern California Gas Co.	
<input type="checkbox"/> Water	Golden State Water Co.	
<input type="checkbox"/> Telephone – Local	(Enter your provider's name)	
<input type="checkbox"/> Telephone – Long Distance	(Enter your provider's name)	
<input type="checkbox"/> Cable Television	(Enter your provider's name)	

**\*\*Note: Only property owners can apply for the sanitation/sewer discount.**

## CERTIFICATION

I declare under penalty of perjury, that:

1. I am the user of the utilities indicated above at the premises listed on the front of this application.
2. I will notify the City of Claremont, Financial Services Division within 10 days of any change in fact or circumstances (including change in residence or income), which may cause me to become ineligible for an exemption from the utility users tax.
3. The combined annual income of all members of the household in which I reside is less than the established for Los Angeles County by the United States Department of Housing and Urban Development for low-income families of the applicable household size.
4. The amount of tax imposed on the above utilities is not paid by a public agency or from funds received from a public agency specifically for the payment of such tax.
5. I understand that any person knowingly receiving the benefits of this discount when the basis for the discount does not exist or ceases to exist shall be guilty of a misdemeanor.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

In order to ensure that your application is processed in a timely manner, please make certain that you have completed the following:

- ☐ Provide copies of **all** proof of income documents
- ☐ Confirm that your gross annual income calculation matches the amount on your proof documents
- ☐ Sign and date the application

**Please mail your completed application and all attachments to:**

City of Claremont, Financial Services Division  
PO Box 880  
Claremont, CA 91711

**If you need further assistance, please call us at (909) 399-5451. Se Habla Español.**

For City Use Only	
Verification of Income: _____	Date: _____
Reviewed by: _____	Date: _____
Forwarded to Providers by: _____	Date: _____