



Utility Users Tax Exemption Application

Applicant's Name: (Last) (First) (Middle Initial)

Social Security Number:

Address:

Telephone Number:

Birth Date:

Proof of Age or Disability:

Birth Certificate SSI/SDI Driver License Other

Applicant's Gross Income During Last Year: \$

Total Gross Income For Applicant and Household: \$

Did Applicant Submit Last Year's California Income Tax Return? Yes No

CERTIFICATION

I certify under penalty of perjury that all information submitted on this application is true to the best of my knowledge and belief.

Signature of Applicant Date

UTILITIES INFORMATION

Account Name

Service Address

Telephone Number

- 1. Acct. #
2. Acct. #
3. Acct. #
4. Acct. #
5. Acct. #
6. Acct. #

FOR WISE & HEALTHY AGING USE ONLY

I hereby certify that the above utility companies are to exempt the listed accounts from the payment of utility user's tax within 60 days of receipt of this notice.

Checked & Signed:

Date: