



CITY OF GLENDALE UTILITY USERS TAX EXEMPTION APPLICATION



CUSTOMER INFORMATION

GWP Account Name:	Age:
Address:	Email Address:
GWP 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 proof of income and proof of age.
- Provide copies of gas, phone, and cable bills for each account for which a discount is requested.
- You must also provide rent receipt and/or rental agreement.

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 Eligibility Guidelines

Number of Household Members	Maximum Gross Annual Income
1-2	\$49,300
3	\$62,150
4	\$75,000

For each additional household member add \$12,850

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

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.

- | | |
|--|--|
| <input type="checkbox"/> Wages, Salaries, Including IHSS
Submit 4 most recent consecutive pay stubs | <input type="checkbox"/> General Relief
Submit a Verification of Benefits Letter |
| <input type="checkbox"/> CalFresh (Food Stamps), Cash Aid, CAPI
Submit Verification of Benefit Letter from Dept of Public Social Services (DPSS) at (818) 701-8200 | <input type="checkbox"/> Section 8, HUD
Submit document of current year(s) Housing Assistance Payment |
| <input type="checkbox"/> Spousal and/or Family Support
Call our office at (818) 548-3368 | <input type="checkbox"/> 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 |
| <input type="checkbox"/> 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. | <input type="checkbox"/> 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. |
| <input type="checkbox"/> Interest, Dividends, Annuities | <input type="checkbox"/> CalWORKs (TANF) Submit a Verification of Benefit Letter |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Pensions |
| <input type="checkbox"/> Rental or Royalty Income | <input type="checkbox"/> Legal and Insurance Settlements |
| <input type="checkbox"/> Disability Payments | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Profit from Self Employment | <input type="checkbox"/> Cash Gifts, Grants, Aid |
| <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Other Income |

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

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 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

Please email application and copies of supporting documents to GWPrateassistance@GlendaleCA.gov or mail to:

Glendale Water & Power
Conservation and Utility/Business Modernization Division
141 N. Glendale Ave., Level 2
Glendale CA 91206 4496
(818)548-3368

www.GlendaleWaterAndPower.com