

**Public Works Services Department**

Address: 11800 Goldring Rd., Arcadia, CA 91006, Phone: (626) 254-2700, Email: wb@ArcadiaCA.gov,
Business Hours: Monday -Thursday 7:30 a.m. - 5:00 p.m., Alternate Fridays 7:30 a.m. - 4 p.m.

WATER SERVICE DISCOUNT APPLICATION

- Applicant must be **primary account holder AND live on the property.**
- The applicant must be a resident of a **single family dwelling unit** within the City of Arcadia.
- Applicant name **MUST** match account holder and appear on the Municipal Utility Bill.
- **Discounts CANNOT be combined.**

Drop off or mail completed application along with copies of required documents. Please allow 4-6 weeks to process your application.

APPLICANT INFORMATION

Name:	Account Number:
Address:	Primary Phone Number:
Email Address:	Secondary Phone Number:

AVAILABLE DISCOUNT PROGRAMS AND REQUIREMENTS (CHOOSE ONLY ONE)

☐ Senior - 10% Discount • Applicants must be 62 years or older • Copy of a valid government issued ID as proof of residency • Applies to only Tier 1 and Meter Service Charge	☐ Veteran - 10% Discount • Applicant served in branch of the US Armed Forces • Applicant must provide a copy of the DD Form 214, Certificate of Release or Discharge from Active Duty • Copy of valid government issued ID as proof of residency • Applies to only Tier 1 and Meter Service Charge
☐ Senior and Low Income - 10% and UUT Exemption • Applicants must be 62 years or older • Must renew yearly • Copy of a valid government issued ID as proof of residency • Household income must be at or below 50% of Los Angeles County median income level • <u>Everyone in the household</u> must provide copies of: ◦ IRS Tax Return Transcripts as proof of your current household income: www.irs.gov/individuals/get-transcript or call by phone (800) 908-9946, SSI Statement, OR Disability Income Statement APPLICATIONS WILL NOT BE PROCESSED WITHOUT PROPER PROOF OF INCOME <i>Please fill in your account number for each utility that you use. Write "NONE" in the space below if you do not use a service or if you're not the account holder.</i> SoCal Edison Account Number: _____ SoCal Gas Account Number: _____	☐ Low Income - 3 units/month & UUT Exemption • Copy of a valid government issued ID as proof of residency • Must renew yearly • Household income must be at or below 50% of Los Angeles County median income level • <u>Everyone in the household</u> must provide copies of: ◦ IRS Tax Return Transcripts as proof of your current household income: www.irs.gov/individuals/get-transcript or call by phone (800) 908-9946, SSI Statement, OR Disability Income Statement APPLICATIONS WILL NOT BE PROCESSED WITHOUT PROPER PROOF OF INCOME <i>Please fill in your account number for each utility that you use. Write "NONE" in the space below if you do not use a service or if you're not the account holder.</i> SoCal Edison Account Number: _____ SoCal Gas Account Number: _____

INCOME LIMITS FOR LOW INCOME PROGRAMS (2026)

Source: HUD 2026 Income Limits

Name	Age	Annual Income	Number of Persons in Household	Total Annual Income
		\$	1	\$58,300
		\$	2	\$66,650
		\$	3	\$74,950
		\$	4	\$83,300
		\$	5	\$89,950
		\$	6	\$96,600
		\$	7	\$103,250
		\$	8	\$110,000

I declare, under penalty of perjury, that the information I have provided in this application is true and correct. I agree to provide of eligibility. I agree to inform the City of Arcadia if I no longer qualify to receive the discount and I understand that if I receive the discount without qualifying for it, I will be required to reimburse the City for all ineligible amounts.

Signature: _____ Date: _____

OFFICE USE ONLY

☐ Approved ☐ Denied ☐ Renewal	Reason:
By:	Effective Date: