

**CITY OF ARCADIA
2016 UTILITY USER'S TAX EXEMPTION APPLICATION/RENEWAL**

APPLICANT'S LAST NAME _____ FIRST NAME _____ M.I _____ SOCIAL SECURITY NO. _____

SPOUSE'S LAST NAME _____ FIRST NAME _____ M.I _____ SOCIAL SECURITY NO. _____

SERVICE ADDRESS: _____ ARCADIA, CA ZIP CODE: _____

MAILING ADDRESS: _____, _____ ZIP CODE: _____

ELIGIBILITY IS BASED ON Low Income, determined under the State Income Limits for Los Angeles County, or any service user who meets the criterion of disability as established by the Social Security Administration's Supplemental Income program for the Aged, Blind and Disabled. Social Security Income is not taxable; therefore, should not be included when figuring adjusted gross income. **PLEASE CHECK THE RULE THAT QUALIFIES YOU TO BE ELIGIBLE FOR THE UTILITY TAX EXEMPTION FOR THE COMING YEAR.**

We are (I am) eligible for this exemption under the following rule: (Please check)

_____ 1 person - Sum of adjusted gross income as used for purposes of California Personal Income Tax – **NO MORE THAN \$29,900**

_____ 2 person(s) - Sum of adjusted gross income as used for purposes of California Personal Income Tax - **NO MORE THAN \$34,200**

_____ 3-4 person(s) - Adjusted gross income as used for purposes of California Income Tax - **NO MORE THAN \$42,700**

_____ Person who meets criterion established by Social Security Income Program for the aged, blind and disabled.

If you are eligible for exemption because of disability please enter your Disability Award Certificate No. _____ DMV Certificate No. _____

If you do not file Income Tax, state reason: _____

The Arcadia Utility Tax Exemption ordinance requires proof of adjusted gross income. Verification of income will be made upon submission of completed application. The applicant must be responsible for the payments and all bills under their name. **Please present a copy of your latest Income Tax Return, SSI or Disability Income statements. This can be done by mail or in person at our office. APPLICATIONS WILL NOT BE PROCESSED WITHOUT PROPER PROOF OF INCOME.**

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DATE: _____ Signature of Applicant _____

Please fill in your account number for each utility that you use. Your telephone number is your account number for telephone service. Please write "NONE" in space if you do not use a service or it is provided by property owner.

So. Calif. Edison Co. _____ Verizon _____

So. Calif. Gas Co. _____ AT&T _____

City of Arcadia Water* Account No. _____ *Free 600 cu ft. of water every billing period

Are you a PMP Member? YES _____ NO _____ If you qualify to be exempted from paying the utility user's tax, you are also eligible to pay the lower rate of \$24.00 to subscribe to the Paramedic Membership Program, (PMP). **PLEASE COMPLETE, SIGN AND RETURN IN THE ENCLOSED PRE-ADDRESSED ENVELOPE**

ELIGIBLE _____ YES _____ NO _____

NEW _____ RENEWAL _____

APPROVED: _____