



CITY OF GLENDALE UTILITY USERS TAX EXEMPTION APPLICATION

CUSTOMER INFORMATION

Name	Age
Address	
Account Number	
Daytime Contact Name:	Phone:

OTHER ADULTS LIVING IN THE HOME

Name	Age
Name	Age
Name	Age

SENIOR AND DISABLED UTILITY USERS TAX EXEMPTIONS (UUTE)

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 note proof of age and income are required. A legible photocopy of your birth certificate, valid CA driver's license, CA State ID, or similar government issued identification is required. For questions call GWP's PBC office at (818) 548-3368 or for Armenian call (818) 548-3364 or (818) 548-4848.

SENIOR UTILITY USERS TAX EXEMPTION

Exempts households with at least one member aged 62 or older from all City utility taxes if the gross annual income of the household is less than \$13,950.

To be eligible:

1. Must be 62 or older and gross household income is less than \$13,950.
2. Provide copies of gas, phone, and cable bills for each account for which a discount is requested.
3. Provide proof of age and proof of income.

DISABLED UTILITY USERS TAX EXEMPTION

Exempts households with at least one disabled member aged 55 or older from City taxes on GWP electric and water service if the gross annual income of the household meets the table below.

To be eligible:

1. Disabled household member must be 55 or older and must meet income guidelines below.
2. Must provide documentation verifying age and disability of disabled household member such as an SSI or SSA Social Security Disability document.
3. Must provide proof of income.

INCOME ELIGIBILITY GUIDELINES

Number of Household Members	Maximum Gross Annual Income
1-2	\$30,500
3	\$35,800
4	\$43,200

For each additional household member add \$7,400

Each year 10% of program participants are randomly selected for recertification. When selected, participants must reapply. Failure to reapply will result in program removal. Additional requirements may apply, see Glendale Municipal Code, 1995, Section 4.36.070

COMPLETE AND SIGN PAGE 2



CERTIFICATIONS FOR CITY UUTE

Please check all sources of gross (before taxes) household income for the year of 2010. 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.

- | | |
|---|---|
| <input type="checkbox"/> Wages, Salaries
Submit 3 most recent pay stubs | <input type="checkbox"/> General Relief
Submit a Statement of Benefits letter |
| <input type="checkbox"/> Food Stamps, Cash Aid, CAPI
Submit Notice of Action letter from Dept of Public Social Services | <input type="checkbox"/> Section 8, HUD
Submit document of current year(s) Housing Assistance Payment |
| <input type="checkbox"/> Spousal and/or Family Support
Call (818) 548-3368 or for Armenian call (818) 548-3364 or (818) 548-4848 and request a "Support Document Form" to provide this information | <input type="checkbox"/> Zero Income
Submit Food Stamp Award letter indicating zero income from the Dept. of Public Social Services covering the current 3 months. |
| <input type="checkbox"/> Social Security (SSA)
Submit a Benefit Verification Letter showing your monthly benefit for 2010. You may request a benefit letter from SSA by calling (818) 549-0403 | <input type="checkbox"/> Supplemental Sec Income (SSI/SSP)
Submit a Benefit Verification Letter showing your monthly benefit for 2010. You may request a benefit letter from SSA by calling (818) 549-0403 |
| <input type="checkbox"/> Interest or Dividends | <input type="checkbox"/> AFDC |
| <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 adults living in my home, including myself, is:

The total number of children living in my home is:

I am applying for City of Glendale UUTE. I understand the eligibility guidelines on page 1.

Age of Senior or Disabled Member

My total 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 if the senior or disabled member of my household moves, or I otherwise no longer qualify for this program. I acknowledge that if I move, I must reapply. I understand that each year 10% of program participants are randomly selected for recertification, and when selected I must recertify. I acknowledge that information provided herein may be shared with other utilities and/or City departments.

CUSTOMER SIGNATURE

DATE