



# City of Rialto

FINANCE DEPARTMENT

California

Dear Applicant:

Re: Low Income Exemption

Attached is the Rialto Utility Users Tax Exemption application for residents with low incomes. Please complete the form in its entirety. It is very important that your phone number be provided in case there are any questions regarding your application.

Below are the income requirements for **2016** based on information developed annually by the State of California Department of Housing and Community Development ([www.hcd.ca.gov](http://www.hcd.ca.gov)) for San Bernardino County. If you qualify for the exemption based on these guidelines, complete the form, provide the information requested, sign, and date the form.

<b>Maximum Household Income</b>	
<b>Number of Persons In Household</b>	<b>Total Combined Gross Annual Income</b>
1	\$23,450
2	\$26,800
3	\$30,150
4	\$33,500
5	\$36,200

**The following information must be attached to the application:**

- **Copy of Photo ID for *EACH* adult in household.**
- **Proof of Income (most recent pay stubs for a whole month's pay, AFDC/Cash Aid, SSI or Disability Award letter, most recent Annual Federal Tax return and/or bank statements) for *EACH* adult in household.**
- **Proof of Residency (i.e. Mortgage Statement, Deed, Tax Bill, Rental/Lease agreement or Mobile Home Registration statement)**
- **Copy of all Current Utility Bills (listed on application with name, address & account number)**

***Read this section carefully.***

Any service user who has been exempted under this section shall notify the City of Rialto within **ten days** of any change in income or household size that would disqualify them from receiving the exemption.

***Renewals***

Each applicant applying for a low income exemption will have to reapply every year by June 30<sup>th</sup> as per Municipal Code section 3.16.210c.

***New Account Notice***

After the exemption is processed, the applicant is responsible for notifying the City of any service provider account changes. In order for the City to process the new account exemption, the applicant must notify and supply the City with a copy of the bill from each new service account.

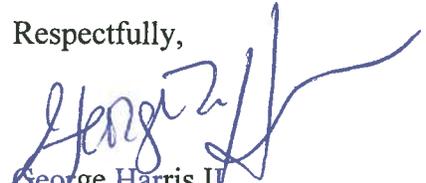
It is the City's goal to ensure that, if your exemption is approved, all your service providers are notified in a prompt manner. Thank you in advance for your patience and cooperation.

Should you have any questions or need additional information, please call the City at (909) 820-2661.

Please return the form and all attachments to the Finance Building within the City Hall complex or mail to:

City of Rialto  
Attn: Finance Department/UUT  
150 S. Palm Ave.  
Rialto, CA 92376

Respectfully,



George Harris II

Director of Administrative and Community Services  
Tax Administrator



# City of Rialto

150 S. PALM | RIALTO, CA 92376 | (909) 820-2661

Low Income

## UTILITY USER TAX EXEMPTION APPLICATION

Name of Applicant:		Date:
Co-Applicant:		Home Phone:
Address:		Cell Phone:
City:	State:	Zip:

### Service Providers

Fill in the service provider name & account number of each utility in the space below. Attach a copy of a current bill showing: Applicants Name, Address & Account #

1. Electricity	Account Number
2. Natural Gas	Account Number
3. Sewer	Account Number
4. Water	Account Number
5. Telephone	Account Number
6. Cell Phone	Account Number
7. Subscription (Cable)	Account Number
8. Other	Account Number

### New Account Notice

After the exemption is processed, the applicant is responsible for notifying the City of any service provider account changes. In order for the City to process the *new* account exemption, the applicant must notify and supply the City with a copy of the bill from each new service account

For Exemption, the definition of "gross (before taxes) household income" is all money and noncash benefits available for living expenses from all sources, both taxable and nontaxable, before deductions, including expenses for all people who live in the home. This includes, but is not limited to, the following: Please check ( x ) all sources of income to your household and attach a copy.

<input type="checkbox"/> Wages or Salaries	<input type="checkbox"/> TANF (AFDC) (welfare)
<input type="checkbox"/> Unemployment benefits	<input type="checkbox"/> Pension
<input type="checkbox"/> Interest or dividends from: savings accounts, stocks, bonds, retirement accounts, or other investments	<input type="checkbox"/> Disability payments



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Low Income

## UTILITY USER TAX EXEMPTION APPLICATION

<input type="checkbox"/> Rental or royalty income	<input type="checkbox"/> Legal Settlement/ Insurance Settlement
<input type="checkbox"/> Social Security Benefits	<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Income from self employment (IRS form 1040, Schedule C or C-Ez)	<input type="checkbox"/> Child Support/Alimony
<input type="checkbox"/> Scholarships, grants, or other aid used for living expenses	<input type="checkbox"/> Cash/Other

Adults	+	Children	=	Total	Total combined annual household income:
Number of persons in my household:					
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>

**Please attach the following forms**

Copy of ID for <i>EACH</i> Adult  <input type="checkbox"/>	Proof of Income (most recent pay stubs for a month's pay, AFDC/Cash Aid, SSI or disability award letter, recent tax return and/or bank statements) for <i>EACH</i> Adult  <input type="checkbox"/>	Copy of Current Utility Bill for <i>Each</i> Utility showing: Name, Address & Account #  <input type="checkbox"/>	Proof of Residency (i.e. mortgage statement, deed, tax bill, mobile home registration or rental/lease agreement)  <input type="checkbox"/>
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I hereby certify (or declare) under penalty of perjury under the laws of the State of California that the information I have provided in this application is true and correct. I agree to provide proof of income. I agree to inform the City of Rialto if I no longer qualify to receive the exemption because my income increases or the size of my household decreases. I understand that if I receive the exemption without meeting the qualifications, I may be required to pay back the exemption that I received and could face criminal penalties. I understand that the City of Rialto can share my information with other utilities or their agents to enroll me in their assistance program.

Print Name:	Signature:	Date:
Co-Applicant:	Signature:	Date:

**NOTE:**  
Exemptions are not automatic. In order to receive an exemption, this form must be completed, filed with the City of Rialto, and approved by the Tax Administrator.