

Utility User's Tax (UUT) Exemption Applications

City of El Monte Finance Department - License Division
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 finance@elmonteca.gov

APPROPRIATE DOCUMENTATION TO VERIFY AGE AND THE INCOME MUST ACCOMPANY THE CITY OF EL MONTE APPLICATION FORM.

Applicant's Name:

Service Address:

Social Security No.:

**(Home)
Phone**

**(Work)
Phone**

Fax

Fax

Mailing Address:

**Southern California Gas
Account Number:**

**Southern California Edison
Account Number:**

Pacific Telephone Number:

**Long Distance Service
Provider:**

Please Note: If you change long distance carriers after your exemption is granted, you must notify the City of your change in service provider so that the exemption can be transferred to the appropriate company.

ARE ANY OF THE ABOVE ACCOUNTS BILLED UNDER THE NAME OF ANOTHER MEMBER OF THE HOUSEHOLD, RATHER THAN THE APPLICANT? IF SO, PLEASE INDICATE:

Utility:

Service User Name:

ELIGIBILITY CRITERIA FOR EXEMPTION:

Please refer to the "Special Notice for Senior Low Income Households" information sheet attached hereto for information regarding the eligibility criteria for exemption under the low-income category and definition of "gross household income".

In order to qualify for an exemption, the applicant must complete the following Eligibility Certification. Income for every member of the household must be listed. Additionally, photocopies of two (2) previous years' FEDERAL and STATE INCOME TAX RETURNS and PHOTOCOPIES of checks or other documentation to verify non-taxable income (SOCIAL SECURITY, SSI, PENSION, TAX-EXEMPT INVESTMENTS, etc.) should be included with the application.

ELIGIBILITY CERTIFICATION:

Number of Individuals in the Household: _____

Names of Individuals Living in the Household : _____

	Applicant	Income#2:	Previous Year Annual Earnings
Gross Wages:	\$ _____	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____	\$ _____
SSI:	\$ _____	\$ _____	\$ _____
Other Pensions:	\$ _____	\$ _____	\$ _____
Interest Income:	\$ _____	\$ _____	\$ _____
Disability Payment:	\$ _____	\$ _____	\$ _____
Welfare Aid:	\$ _____	\$ _____	\$ _____
Other Income (attach description)	\$ _____	\$ _____	\$ _____
		TOTAL FEES/DEPOSITS:	\$ _____

The undersigned agrees that all the information provided is true and correct.

DATE	SIGNATURE	PROOF OF AGE AND INCOME: <input type="checkbox"/> Attached
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