UTILITY USER TAX LOW-INCOME EXEMPTION APPLICATION

(Palm Springs Residents Only)

CITY OF PALM SPRINGS—DEPARTMENT OF FINANCE AND TREASURY
3200 E. TAHQUITZ CANYON WAY | PALM SPRINGS, CALIFORNIA 92262
TEL: (760) 323-8229 | FAX: (760) 322-8320 | WEB: WWW.PALMSPRINGSCA.GOV

First Name	Initial	Last Name	Social Security
Residence Address			Zip
Mailing Address		City	Zip

Email:

In the appropriate spaces below enter your telephone number(s) and/or service account number as shown on your bill.
Please include the name of your telephone provider or carrier.

Telephone Number	Provider / Carrier	Service Address (Number and Street)
Telephone Number	Provider / Carrier	Service Address (Number and Street)
So. Cal. Edison Account Number		Service Address (Number and Street)
So Cal Gas Account Number		Service Address (Number and Street)

CERTIFICATION:

1. I live at the above address, and pay utility bills for that address.
2. My (our) annual gross income is less than: (Check only one)

   _____ $32,920 for 1 or 2 person household _____ $41,560 for 3 person household

   _____ $50,200 for 4 person household _____ $58,840 for 5 person household

   _____ $67,480 for 6 person household _____ $76,120 for 7 person household

   _____ 8+ person household (add $8,640 for each additional person) Total household Income $_____

   These income guidelines are effective June 1, 2018 thru May 31, 2019
3. I will notify the Finance Director of the City of Palm Springs within 10 days of any change which would affect my eligibility for this exemption.
4. **ENCLOSE A COPY(S) OF LAST YEAR'S INCOME TAX FORM OR OTHER VERIFICATION OF TOTAL INCOME OTHERWISE YOUR APPLICATION CANNOT BE PROCESSED.**

I declare under penalty of perjury that the foregoing is true and correct.

Signature _____ Date _____

Please return completed form to: CITY OF PALM SPRINGS
Attn: Finance Dept.—Ariana Muniz
P. O. Box 2743
Palm Springs, CA 92263-2743

FOR OFFICE USE ONLY

APPROVED: _____ DATE PROCESSED: _____

Director of Finance and Treasury