

City of Montclair

UTILITY USERS TAX EXEMPTION APPLICATION

Name _____ Social Security No. ____ - ____ - ____
 First Initial Last

Address _____ Date of Birth _____
 Number Street Apt. No.

_____ Telephone No. _____
 City Zip Code

PERSONS IN HOUSEHOLD, INCLUDING APPLICANT

NAME	RELATIONSHIP	SOCIAL SECURITY NUMBER	ANNUAL INCOME
1.	Self		
2.			
3.			
4.			
5.			
6.			
7.			
8.			

TOTAL PERSONS IN HOUSEHOLD _____ TOTAL ANNUAL INCOME \$ _____

AFFECTED UTILITIES

UTILITY	PROVIDER	ACCOUNT NUMBER
Electricity		
Gas		
Water		
Telephone - Local		
Telephone - Long Distance		

PLEASE SEE OTHER SIDE

United States Department of Housing and Urban Development (HUD)

Annual Gross Income Limits for San Bernardino County for "Lower-Income" Households

Effective April 2004

NUMBER OF PERSONS IN HOUSEHOLD

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
\$30,400	\$34,750	\$39,100	\$43,450	\$46,900	\$50,400	\$53,850	\$57,350

CERTIFICATION: I declare, under penalty of perjury, that:

- (1) I am a user of the utilities shown hereon at premises occupied by myself;
- (2) The combined Annual Income of all members of the household in which I reside is less than the amount established for San Bernardino County by the United States Department of Housing and Urban Development for low-income families for the applicable household size. Income includes salaries, wages, dividends, interest, pension payments (including Social Security), public assistance, disability payments, alimony, child support and any other recurring source of income without deduction for expenses. Excluded from income are gifts, insurance proceeds, gains from the sale of real estate or stock and any other income resulting from non-recurring or one-time only transactions.
- (3) The amount of tax imposed on the above utilities is not paid by a public agency or from funds received from a public agency specifically for the payment of such tax.

DATE _____ SIGNATURE _____

For Office Use Only

Reviewed by: _____ Date _____

Notification to Providers by: _____ Date _____

Please return Donna M. Jackson, City Clerk
City of Montclair, P. O. Box 2308, Montclair, CA 91763
(909) 625-9415

04/06/04