



**BILLING & COLLECTIONS OFFICE  
LOW-INCOME ALLOWANCE APPLICATION**

Rev. 02/2022

Revenue Division  
1685 Main Street, City Hall East, 1st Floor  
Santa Monica, CA 90401  
Phone: 310-458-8224 ext.1 | Fax: 310-656-9175  
Email: [billing.collections@santamonica.gov](mailto:billing.collections@santamonica.gov)  
Website: [finance.smgov.net/utility-billing](http://finance.smgov.net/utility-billing)  
**Office Hours: Monday—Thursday 8:00am to 5:00pm,  
Alternate Fridays 8:30am to 4:30pm**

<i>OFFICE USE ONLY</i>	
Date Received (mm/dd/yyyy)	
Approved (y/n)	
Staff Initials	

**APPLICANT INFORMATION**

Name:	
Utility Account Number:	
Primary Phone #:	Secondary Phone #:
Email Address:	

The City of Santa Monica provides reduced water rates (tier 1 only) and sewer rates to qualified low-income customers. Customers are still responsible for the cost of refuse and baysaver charges if applicable.

**TO QUALIFY FOR THIS PROGRAM, PLEASE CHOOSE ONE OF THE FOLLOWING:**

<input type="checkbox"/>	<b>Low-income Non-Senior</b>	I am qualified under a Southern California Gas or Southern California Edison low-income assistance program (CARE). <u>I am including a copy of my recent gas or electric bill along with this application.</u>
<input type="checkbox"/>	<b>Low-income Senior</b>	I am qualified under a Southern California Gas or Southern California Edison low-income assistance program (CARE). <u>I am including a copy of my recent gas or electric bill along with this application.</u>  To be exempted from the Utility Users Tax program, you must apply through WISE & Healthy Aging. Please call (310) 394-9871 for information on how to apply for this exemption. Once your paperwork is received from the center, the Billing & Collections will waive the Utility Users Tax.

**TERMS & CONDITIONS**

I, the undersigned, represent that I am the customer of record with the City of Santa Monica, Billing & Collections Office, and that by filing this application I am qualified to receive the low-income allowance as outlined. I understand that the low-income qualification only applies to me as an individual and is not transferable to any family members or by sale of my property. Should my income status change such that I no longer qualify for any of the low-income programs listed above, I agree to immediately notify the Billing & Collections Office for removal from the low-income program. I also understand that the false submittal of this application or a failure to notify the Billing & Collections Office of a change in my income status will subject me to all past charges and late fees in addition to any cost to the City for recovery of such charges.

I agree to the terms and the conditions of this exemption.

_____	_____	_____
<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>