



City of Santa Monica Revenue Division
Billing & Collections Office
1717 4th Street, Room 150
Santa Monica, CA 90401
(310) 458-8224
(310) 656-9175 Fax

APPLICATION FOR LOW-INCOME ALLOWANCE
(For Water & Sewer)

The City provides a low-income allowance to qualified customers by waiving the fixed bimonthly portion of the water and sewer bill. The customer is still responsible for the cost of the water and sewer flow charges, the refuse charges, and the environmental programs charge if applicable.

To qualify for this program:

SENIORS:

You must be exempted from the Utility Users Tax program through the City's Senior Services Center. Please call (855) 636-7655 for information on how to apply for this exemption. Once the paperwork is received from the Senior Center, the Billing & Collections will waive the fixed service charges and Utility Users Tax.

OR

NON-SENIORS:

Must be qualified under Southern California Gas or Southern California Edison low-income assistance program. Please send in a copy of your most current gas or electric bill along with this application.

(Please Print)

Account No.: _____

Name: _____

Address: _____

Terms and 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.

Signed _____ Date _____

FOR OFFICE USE ONLY

Date Received: _____

Approved: Yes () No ()

Staff Initial: _____