



LOW INCOME DISCOUNT INFORMATION FOR 2019

City of Grass Valley Public Works Department
125 E Main Street, Grass Valley, CA 95945
Phone: (530) 274-4350
Email: info@cityofgrassvalley.com
Fax: (530) 274-4399

The City of Grass Valley Resolution No. 91-195 allows for a 15% discount on the standard residential rate for eligible water/wastewater utility customers. To be eligible for this discount you must meet the qualifications below:

- Applicant must be authorized on the service address utility account.
- Applicant must live at the service address.
- Applicant may not be claimed as a dependent on another person's income tax return other than your spouse.
- Applicant may not share a water meter with another residence.
- Applicant must qualify under the income requirements below.

The combined household income must be no greater than that specified in the chart below based on the number of household members. The Annual Household Income is 150% of the current federal poverty levels as of January 2019:

<u>Household Members</u>	<u>Annual Household</u>
1	\$ 18,735
2	\$ 25,365
3	\$ 31,995
4	\$ 38,625
5	\$ 45,255
6	\$ 51,885
7	\$ 58,515
8	\$ 65,145
Add this amount for each additional person:	\$ 6,630

Gross income includes, but is not limited to, the sum of all wages, Social Security, welfare, pensions, unemployment, workers compensation, child and spousal support, public assistance, interest/dividends, etc. for all residents living in the household, excluding members under the age of 18.

How to Apply:

1. Complete the attached LOW INCOME DISCOUNT APPLICATION FOR 2019.

PART A: Fill out name, service address, phone #s and mailing addresses as it appears on the City of Grass Valley utility account.

PART B: Enter the total number of members in the household and then list the names of all the members who are 18 years or older.

PART C: Calculate the total income of all persons age 18 or over listed as members of the household, making sure to include all of their sources of income.

2. Complete an IRS FORM 4506-T (attached) for each household member age 18 and over, even if a tax return was not filed. PLEASE NOTE: THE FORM MUST BE FILLED OUT COMPLETELY AND LEGIBLY.

- Check box **6a** if you filed a tax return last year
- OR–

- Check box **7** if you did **NOT** file a tax return last year

For additional forms, make a copy of the attached, contact the IRS at 1-800-TAX-FORM or visit www.irs.gov and search for Form 4506-T.

3. Return all required, completed documents to the City of Grass Valley. The City of Grass Valley will submit your transcript request to the IRS on your behalf.

INCOMPLETE OR MISSING FORMS WILL RESULT IN AUTOMATIC DENIAL OF YOUR APPLICATION.



LOW INCOME DISCOUNT APPLICATION FOR 2019

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PART A:

Service Address _____ Contact Phone _____
Last Name _____ First Name _____
Mailing Address (if different from Service Address) _____

PART B:

Total number of persons in household (including members under the age of 18): _____
List Members of the Household who are 18 years or older:
Name: _____ Name: _____
Name: _____ Name: _____
Name: _____ Name: _____

PART C:

Total annual household income from all household members and all sources: \$ _____

I understand that the information provided on this application and the IRS 4506-T Forms will be used to verify and determine eligibility for the Low-Income Discount rate. I hereby authorize the City of Grass Valley to verify the information provided with any source. I understand that I will be required to reapply and verify my income annually to continue participation in this program. I also understand it is my obligation and responsibility to report any increases to my household income and should my household income exceed the income qualification level, my participation will be canceled.

By signing below, I declare under penalty of perjury that I agree to the above and that the information on this application is true and correct.

Applicant's Signature: _____ Date: _____

IN ORDER TO PROCESS YOUR APPLICATION, WE MUST RECEIVE AN IRS FORM 4506-T FOR EACH HOUSEHOLD MEMBER WHO IS 18 OR OLDER WHETHER OR NOT THEY FILED INCOME TAXES LAST YEAR. PLEASE BE AWARE THAT INCOMPLETE APPLICATIONS OR MISSING IRS FORM 4506-T'S WILL RESULT IN AUTOMATIC DENIAL.

Documents provided to the city will not be returned. Please allow up to 60 days for processing. The new rate will be reflected on bills after eligibility is verified and will not be applied retroactively.

FOR CITY STAFF USE ONLY:

DATE APPLICATION RECEIVED: _____ APPLICATION: APPROVED / DENIED
PROCESSED BY: _____ DATE: _____ DISCOUNT EXPIRATION DATE: _____
COMMENTS: _____

