

City of Covina
Low-Income Guidelines
For Covina Water Customer and/or
Utility User's Tax Exemption



Finance Department
125 E. College Street, Covina, CA 91723
Phone: (626) 384-5504 Fax: (626) 384-5499
Website: <http://www.covinaca.gov>
Email: accountspayable@covinaca.gov
City Hall Hours: Mon-Thurs 7:00 am – 6:00 pm

WHAT YOU NEED TO KNOW

1. You may qualify for exemption from the utility user's tax if you meet the income guidelines and provide the necessary documentation.
2. You may file an application at any time during the year; however, please allow at least 60 days for the City and utility companies to process your exemption.
3. Upon approval, the utility companies listed on your application will be notified of your exempt status.
4. Any tax paid prior to approval is not refundable.
5. Exemptions are approved for the current fiscal year only, which starts July 1 and ends June 30 of the following year. You must apply every year.

HOW TO APPLY

To participate in the Low-Income Utility User's Tax Exemption, you must:

- Confirm that your income meets the low-income standards set by HUD for the applicable year (see table on page 2).
- Complete and submit an application. For assistance in completing this form, visit the Finance Department at City Hall, 125 E. College Street, or contact us by phone at (626) 384-5504, 7:00am to 6:00pm, Monday thru Thursday.

Section I: Print or type your name, local mailing address, phone number, and the last four digits of your social security number.

Section II: Include the number of **ALL PERSONS** permanently living in your household. Include your total household income, from **ALL** sources and for **ALL** household members.

Section III: Fill out all information that applies to your household. Be sure to include the name, account numbers and billing addresses as they appear on your monthly bill.

Be sure to include all utility bill account and telephone numbers for your household. **UTILITY ACCOUNT NUMBERS NOT LISTED WILL BE TAXED.**

- Ensure that your application is completely filled out and signed.
- Provide proof of current income by submitting copies of ALL the following that apply:
 - Federal and State Income Tax Return for 2015
 - Form SSA-1099 Social Security Benefit Statement
 - SSI Forms
 - Interest Income
 - Other (see list of "Types of Income Received" table on page 2)
- You will be notified when your application is approved; however, please allow 60 days for the city and utility companies to process your exemption.
- You must apply every year before **MAY 15** and be approved to continue your exempt status.

2016 INCOME GUIDELINES

Household Size	Maximum Income from ALL Sources
1	\$ 30,400
2	\$ 34,750
3	\$ 39,100
4	\$ 43,400
5	\$ 46,900
6	\$ 50,350
7	\$ 53,850
8	\$ 57,300

Source: HUD FY 2016 Income Limits

Types of Income Received

(may include but is not limited to)

<ul style="list-style-type: none"> • Salary, wages, etc ... 	<ul style="list-style-type: none"> • Interest Income
<ul style="list-style-type: none"> • Supplemental Security Income 	<ul style="list-style-type: none"> • Unemployment Insurance
<ul style="list-style-type: none"> • Social Security Benefits 	<ul style="list-style-type: none"> • Investment Income
<ul style="list-style-type: none"> • Welfare 	<ul style="list-style-type: none"> • Self-Employed
<ul style="list-style-type: none"> • Pension/Retirement/Annuity/IRA 	<ul style="list-style-type: none"> • Alimony
<ul style="list-style-type: none"> • Child Support 	<ul style="list-style-type: none"> • Rental Property

PLEASE NOTE: Any service user who has been exempted shall notify the tax administrator within ten (10) days of any change in fact or circumstance which might disqualify said individual from receiving such exemption. It shall be a misdemeanor for any person to knowingly receive the benefits of the exemption provided when the basis for such exemption does not exist or may cease to exist.



City of Covina
Low-Income Application
 For Covina Water Customer and/or
 Utility User's Tax Exemption

Fill out and return with copies of required documents to:

City of Covina, Finance Dept.
125 E. College St.
Covina, CA 91723

SECTION I.

1. Name (First, Middle, Last) _____
 2. Street Address _____ 3. City _____
 4. State _____ 5. Zip Code _____ 6. Home Phone _____ 7. Other Phone _____
 8. Last 4 digits of Social Security Number _____ 9. Please Check One: New Application Renewal Application

SECTION II.

10. Number of occupants in your household _____
 11. Annual Income of all occupants including Social Security benefits \$ _____

PLEASE ATTACH COPIES OF LAST YEAR'S INCOME TAX RETURNS

SECTION III.

*Complete all applicable information below including all account numbers.
 Account and telephone numbers not listed will be taxed.*

ELECTRIC Name on Account _____
 Service Provider _____ Account No. _____
Example: Edison x-xx-xxx-xxxx

TELEPHONE Name on Account _____
 Account No. _____
 Service Provider _____ Provider Ph. No. _____

CELL PHONE Name on Account _____
 Account No. _____ Acct Ph. No. _____
 Service Provider _____ Provider Ph. No. _____

GAS Name on Account _____
 Service Provider _____ Account No. _____
Example: The Gas Co. xxx-xxx-xxxx-x

WATER Name on Account _____
 Service Provider _____
 Account No. _____ Customer No. _____
Example: Acct No. 3xxxxxxx Example: Cust No. 1xxxxxxx

I declare under penalty of perjury that the information provided in this application is true, accurate, and complete. I understand that I must renew my application and verify my income annually and will notify the City within 10 days of any change in fact or circumstance which might disqualify me from this exemption.

Applicant's Signature _____ Date _____

Office use only: Date Received _____ Approval Date _____ Expiration Date _____

APPLICATION MUST BE RENEWED ANNUALLY