



CITY OF COACHELLA UTILITY USERS TAX EXEMPTION APPLICATION

CUSTOMER INFORMATION

Name	Age
Address	
Account Number	
Daytime Contact	Phone:

Complete the following table for all household members:

Name	Employer/Source of Income/Student	Age	Monthly Income

SENIOR UTILITY USERS TAX EXEMPTIONS (UUTE)

Utility Users Tax is charged to all users of electricity, water, sewer, gas, tele-communications, and refuse services within the City of Coachella. The City offers exemptions to qualified seniors based on annual household income. Please note proof of age and household income are required. A legible photocopy of your birth certificate, valid CA driver's license, CA State ID, or similar government issued identification is required. For questions call the City's Finance Department at (760) 398-2702.

REQUIREMENTS FOR SENIOR UTILITY USERS TAX EXEMPTION

Seniors aged 65 or older whose utility bill(s) are under the qualified Senior's name and gross annual income of the household is less than the table below, may be exempt from City Utilities Taxes.

To be eligible:

1. Must be 65 or older and gross household income is less than see table below.
2. Provide copies of gas, phone, trash service and/or electric bills showing proof that the Senior is the account holder of the account(s).
3. Provide proof of age and income for all household members.

	Income Limits for 2023					
Persons in Household	1	2	3	4	5	6
Gross Annual Income	\$32,650	\$37,300	\$41,950	\$46,600	\$50,350	\$54,100

COMPLETE AND SIGN PAGE 2

CERTIFICATIONS FOR CITY UUTE

Please check all sources of gross (before taxes) annual household income that apply. This means all money and non-cash benefits for living expenses, from all sources, taxable and non taxable, before deductions, including expenses. Please provide supporting documents for all sources checked below.

***Required Documents

- | | |
|--|--|
| <p><input type="checkbox"/> Wages, Salaries
Submit 3 most recent pay stubs</p> <p><input type="checkbox"/> Food Stamps, Cash Aid, CAPI
Submit Notice of Action letter from Dept of Public Social Services</p> <p><input type="checkbox"/> Spousal and/or Family Support</p> <p><input type="checkbox"/> 2022 Tax Returns or a signed Non-Filers Statement</p> <p><input type="checkbox"/> Social Security (SSA)
Submit a Benefit Verification Letter showing your monthly benefit for 2023.</p> <p><input type="checkbox"/> Interest or Dividends</p> <p><input type="checkbox"/> Unemployment Benefits</p> <p><input type="checkbox"/> Rental or Royalty Income</p> <p><input type="checkbox"/> Disability Payments</p> <p><input type="checkbox"/> Profit from Self Employment</p> <p><input type="checkbox"/> Worker's Compensation</p> | <p><input type="checkbox"/> General Relief
Submit a Statement of Benefits letter</p> <p><input type="checkbox"/> Section 8, HUD
Submit document of current year(s) Housing Assistance Payment</p> <p><input type="checkbox"/> Zero Income
Submit Food Stamp Award letter indicating zero income from the Dept. of Public Social Services covering the current 3 months.</p> <p><input type="checkbox"/> Supplemental Sec Income (SSI/SSP)
Submit a Benefit Verification Letter showing your monthly benefit for 2023.</p> <p><input type="checkbox"/> AFDC</p> <p><input type="checkbox"/> Pensions</p> <p><input type="checkbox"/> Legal and Insurance Settlements</p> <p><input type="checkbox"/> Child Support</p> <p><input type="checkbox"/> Cash Gifts, Grants, Aid</p> <p><input type="checkbox"/> Other Income</p> |
|--|--|

The total number of adults living in my home, including myself, is:

The total number of children living in my home is:

I am applying for City of Coachella UUTE. I understand the eligibility guidelines on page 1.

Age of Senior My total annual household income from all members and sources is \$

I certify under penalty of perjury that the information provided herein is true and correct. I agree to provide additional proof of income, age, and other documentation if requested. I agree to inform the City of Coachella if I or my household no longer qualify for this program. I acknowledge that if I move, I must reapply. I acknowledge that the information provided herein may be shared with other utilities and/or City departments.

CUSTOMER SIGNATURE

DATE