



City of Hermosa Beach

Finance Administration
 1315 Valley Drive
 Hermosa Beach, CA 90254
 (310) 318-0225

UTILITY USER TAX EXEMPTION APPLICATION (Hermosa Beach City Residents Only)

Name of Applicant:	Date:
Address:	Phone:
City, State: Hermosa Beach, CA	Zip: 90254

Service Providers

Please complete both pages of the application. Use the space below for the name and account number of each utility provider.

Please note: the account must be in the applicant's name to qualify for the exemption.

Home Telephone:	Account Number:
Long Distance Provider: (if billed separately)	Account Number:
Mobile/Cell:	Account Number:
Electric:	Account Number:
Gas:	Account Number:
Water:	Account Number:
Cable TV:	Account Number:
Frontier Fios TV:	Account Number:

New Account/Change Notice

Once this application has been processed, the exemption will remain in effect unless applicant makes changes or additions to the above listed providers. The applicant is responsible for notifying the City of any service provider account changes. In order for the City to process the new exemption, the applicant must notify and supply the City with a copy of the bill from each new service account.

CITY USE ONLY

I hereby certify that the above named utility companies are to exempt the listed account numbers from the utility users tax within sixty (60) days of the receipt of this form.

APPROVED: _____ Finance Director	DATE UTILITY COMPANIES NOTIFIED: _____
DATE: _____	BY: _____

WHO IS ELIGIBLE:

You may be exempt from paying the utility users tax on utilities for your **personal residence** if one of the following applies:

- a) you are 62 years of age or older (proof required);

OR

- b) you are permanently disabled (physician statement required), **AND** total household income for the prior year did not exceed \$9,000.

WHAT IS COUNTED AS INCOME:

All income received in the calendar year, including but not limited to, salaries, wages, commissions, social security, pensions, rents, capital gains, and interest income.

HOW DO YOU APPLY:

If you meet the requirements stated above, complete **both** pages of this form and submit it with one recent stub of each utility for which an exemption is applied. You may either mail, fax or bring the completed form, bill stubs, and proof of age to the Finance Department, Hermosa Beach City Hall, Room 201, 1315 Valley Drive, Hermosa Beach, CA, 90254, Fax: 310-372-6186. Office hours are 7:00 AM to 6:00 PM, Monday through Thursday.

PROOF OF AGE

DRIVER'S LICENSE

STATE ID CARD

PASSPORT

OTHER _____

DATE OF BIRTH _____
Month Day Year

AGE _____

FINANCE USE ONLY

Verified By: _____

Date: _____

PROOF OF DISABILITY / LOW INCOME—IF UNDER THE AGE OF 62
(Physician's Statement Required)

CLAIMANT'S INCOME SOURCES DURING PRIOR CALENDAR YEAR

\$ _____

\$ _____

\$ _____

HOUSEHOLD MEMBERS:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>INCOME SOURCE</u>	<u>PRIOR CALENDAR YEAR'S INCOME</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

TOTAL CLAIMANT'S AND HOUSEHOLD MEMBERS INCOME \$ _____

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT ALL INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND I UNDERSTAND THAT I MUST NOTIFY THE CITY WITHIN TEN (10) DAYS OF ANY CHANGE IN FACT OR CIRCUMSTANCE WHICH MIGHT DISQUALIFY ME FROM RECEIVING THE EXEMPTION.

DATE

SIGNATURE OF CLAIMANT