



# CITY OF HERMOSA BEACH

FINANCE ADMINISTRATION  
1315 VALLEY DRIVE, ROOM 201  
HERMOSA BEACH, CA 90254  
(310) 318-0225

**2024-25**

## **APPLICATION FOR REBATE**

### **SEWER SERVICE CHARGE and LANDSCAPING & STREET LIGHTING DISTRICT\***

#### WHO IS ELIGIBLE

You are eligible for a rebate of Sewer Service Charge Assessment amounts paid for your personal residence if:

- (a) you reside in the dwelling unit for which the rebate is sought, as of the date of the assessment levy;

**AND**

- (b) you are 65 years of age or older and have an annual household gross income of \$75,000 or under at time of levy (July);

**OR**

- (c) you are permanently disabled as a result of a physical or mental impairment that substantially limits one or more of the major life activities and have an annual household gross income of \$75,000 or under for the prior calendar year.

#### WHAT IS COUNTED AS INCOME

Gross income includes 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 MUCH IS THE REBATE

100% of the sewer assessment is rebated for the dwelling unit in which the applicant resides.

For Single Family Residences and Condominiums the 2024-25 Sewer Assessment is \$142.37.

For Multi Family Residences the 2024-25 Sewer Assessment is \$85.43.

Applications for the 2024-25 sewer rebate must be submitted to the City by October 13, 2025. If you qualify for the Sewer Service Fee Rebate as a senior (see eligibility items a and b above) you automatically qualify for the Landscaping & Street Light Fee Rebate of \$24.61 since the qualifying age for that rebate is 62. A second application will not be required to claim this rebate for this fiscal year.

#### WHAT IS REQUIRED TO RECEIVE THE REBATE

1. Completed application and Sewer Service Fee Rebate Affidavit Form (must be filed annually).
2. Proof of age required. (Driver's License, State ID Card, or Passport)
3. Copy of the 2024 Annual Secured Property Tax Bill for residence\*\*.
4. Proof of payment made on or before delinquent date for annual assessment in the form of:
  - (a) receipt from County Tax Collector

**OR**

  - (b) canceled check or bank statement for each installment payment
5. Application must be filed no later than Monday, October 13, 2025 for the 2024-25 Rebates.

**HOW TO APPLY**

If you meet the requirements previously stated, complete this form and submit it with your tax bill and proof of payment. You may either mail or bring the *completed application and affidavit, tax bills, proof of payment, and proof of age* to the Finance Department, Hermosa Beach City Hall, Room 201, 1315 Valley Drive, Hermosa Beach, California 90254, between the hours of 7:00 AM and 6:00 PM, Monday through Thursday.

*PLEASE PRINT ALL INFORMATION LEGIBLY*

Applicant's Name \_\_\_\_\_  
 Last First Initial

Address \_\_\_\_\_  
 Number Street Apt. No.

HERMOSA BEACH 90254 Resided since (Year) \_\_\_\_\_  
 City Zip Code

\_\_\_\_\_ Telephone \_\_\_\_\_ Parcel Number/Assessor's Number

**PROOF OF AGE**

DRIVERS LICENSE  OTHER \_\_\_\_\_

PASSPORT

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_  
 Month Day Year

CITY USE ONLY  
INITIALS/DATE \_\_\_\_\_

***I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT:***

- 1) *I HAVE RESIDED AT THE ABOVE ADDRESS SINCE THE DATE OF THE LEVY.*
- 2) *I HAVE PAID THE ASSESSMENT IN FULL ON OR BEFORE THE DELINQUENT DATE.*
- 3) *ALL INFORMATION SUBMITTED WITH THIS APPLICATION AND ACCOMPANING AFFIDAVIT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.*

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Claimant

*City Use Only*

*Checked By*

|                  |                         |                    |                      |                      |
|------------------|-------------------------|--------------------|----------------------|----------------------|
| Levy Date        | <u>July 1, 2024</u>     | Check cancel dates | _____                | _____                |
| Delinquent Date  | <u>April 10, 2025</u>   | (Attach Copy)      | _____                | _____                |
| Filing Deadline: |                         |                    |                      |                      |
| 2024-25          | <u>October 13, 2025</u> | Date received      | _____                |                      |
| Refund Amount    | \$ _____                | Account Number(s)  | <u>001-6871 = \$</u> | <u>105-3105 = \$</u> |
| Approved         | _____                   |                    | _____                | _____                |
|                  | Finance Director        |                    |                      | Date                 |

\* If you qualify for the Sewer Service Fee Rebate as a senior, you automatically qualify for the Landscaping & Street Lighting District Rebate of \$24.61 since the qualifying age for that rebate is 62.

\*\* To request a duplicate copy of your Property Tax Statement, please contact the Los Angeles County Assessor's Office, Property Tax Division at (888)807-2111, options 1, 2, and then 9.



**CITY OF HERMOSA BEACH**  
**Public Works Department**  
**1315 Valley Drive**  
**Hermosa Beach, CA 90254**

**SEWER SERVICE FEE REBATE**

*PLEASE PRINT*

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: HERMOSA BEACH, CA 90254

Please check the appropriate box:

I hereby certify under penalty of perjury that the above Hermosa Beach resident is at least 65 years of age and the Annual Household Gross Income is \$75,000 or under.

**OR**

I hereby certify I am permanently disabled as the result of a physical or mental impairment that substantially limits one or more of the major life activities and the Annual Household Gross Income is \$75,000 or under.

**What is considered 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 is considered income. The City reserves the right to request appropriate documentation.

If this information is found to be incorrect this Department has the authority to request repayment of the rebate.

\_\_\_\_\_  
Signature