



CITY OF UNION CITY UTILITY USERS TAX EXEMPTION APPLICATION

CUSTOMER INFORMATION

Name:		Electric Service Provider & Acct#:	
Address:		Gas Service Provider & Acct#:	
Phone/Email		Cable Service Provider & Acct#:	
Additional Contact Info		Telephone Service Provider & Acct#:	

OTHER RESIDENTS LIVING IN THE HOME

Name:		Age:		Relationship:	
Name:		Age:		Relationship:	
Name:		Age:		Relationship:	
Name:		Age:		Relationship:	
Name:		Age:		Relationship:	

Supporting Documentation Required:

Senior Citizen (70 years and older)

- Copy of most recent utility bills (*Name of the application and the name on the utility bill must be the same*)
- Copy of California Driver’s License, State ID, or other form of identification showing proof of age

Lower Income Person (of any age) Enrolled in PG&E CARE program:

- Proof of enrollment in PG&E Care Program (copy of most recent PG&E bill)
- Copy of most recent utility bill for electricity, gas, communications and cable (applicant must be the account holder)

Lower Income Household:

- Total household income not to exceed the Total Combined Annual Income Limit listed below:
- Copy of most recent utility bill for electricity, gas, communications and cable (applicant must be the account holder)
- Please provide proof of income listed on page 2.

<u>Household Size</u>	<u>Total Combined Annual Income Limit</u>
1	\$41,725/year
2	\$47,675/year
3	\$53,650/year
4	\$59,600/year
5	\$64,375/year
6	\$69,125/year
7	\$73,900/year
8	\$78,675/year



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CERTIFICATIONS FOR CITY OF UNION CITY UUT

Please check all sources of gross (before taxes) household income for the current year. Please provide supporting documents for all sources checked below. Allow 60 days for processing your application.

Wages, Salaries, Including IHSS

Spousal and/or Family Support/ Child Support

Tax Return

Pensions

Social Security (SSA)

Supplemental Sec Income (SSI/SSP)

Submit a Benefit Verification Letter showing your current monthly benefit. You may request a benefit letter from

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You may request a benefit letter from SSA by calling (800) 772-1213

SSA by calling (800) 772-1213

Interest, Dividends, Annuities

Other Income

Unemployment Benefits

Rental or Royalty Income

Disability Payments

Profit from Self Employment

Worker's Compensation

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

**Senior or Low
Income Member**

**My current total gross annual household
income from all members and source 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 Union City within 30 days if the senior member of the household moves, or if I otherwise no longer qualify for this program. I acknowledge that if I move, I must reapply and submit a new application and documents. I acknowledge that information provided herein may be shared with other utilities and/or City departments.

CUSTOMER SIGNATURE

DATE