



PUBLIC WORKS DEPARTMENT SEWER MAINTENANCE DIVISION

1580 W. Commonwealth Ave.
Fullerton, CA 92833 (714) 738-6306

www.ci.fullerton.ca.us

**Annual Application
Expires 5/25/2018**

We have enclosed Guidelines and a new application form for the Life Line Sewer rate. To qualify for this special rate, property owners must meet the household income guidelines shown on the attached sheet. All income must be included in the "total" for approval.

- ❖ Please complete the enclosed application and return it, along with a copy of your "*PROOF OF INCOME*", any or all that apply in your household.
 - Current tax return Year _____ (e.g. 1040, 1040-A, 1040 EZ, etc.) that shows your adjusted gross income, and signature. Usually page 1 and/or 2 depending on the IRS form you use to file your taxes.
 - Current Social Security benefits statement (monthly or yearly). If you do not file a tax return or if you have income that is not shown on your tax return, please provide official documentation of that income as well.
 - Once we receive the completed application, a member of our Sewer Program staff will review it carefully, and may contact you if there are any questions.

Please note the instructions regarding the privacy of some of the information on your tax return.

Following the application review, you will only be notified if you are NOT approved. If your application is approved, we will notify our Utility Services division to place your property on the lower alternative rate.

If you have any questions about the sewer fee or program, please feel free to call us at (714) 738-6306.

**CITY OF FULLERTON
PUBLIC WORKS DEPARTMENT
SEWER DIVISION**

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QUALIFICATION GUIDELINES FOR RESIDENTIAL LIFE LINE SEWER RATE

We have provided the guidelines below to help you complete the attached application form. Please read these guidelines before you complete and return the application form.

To qualify for the Life Line rate, customers must meet the “total” income criteria shown below:

Number of Persons in Household*	Annual Income Limit	Monthly Water Usage in Gallons Subject to Life Line Rate:
1	up to \$32,800	8,000
2	up to \$37,500	16,000
3	up to \$42,200	24,000
4	up to \$46,850	32,000
5	up to \$50,600	40,000
6	up to \$54,350	48,000
each additional person	\$5,800	8,000 per each additional person

*Renters who share the residence and transient occupants shall not be included as persons in household.

The low-income rate shall be applied as follows:

A total of 8,000 gallons per person per month shall be allowed and charged at a 20 percent rate of return for all discharged sewage under the Equivalent Dwelling Unit (EDU) limit. Any sewage discharged in an amount greater than the EDU limit will be billed at the standard 40 percent rate of return.

Income and number of persons shall be subject to “annual verification” by the City, and property owners must file a renewal annually.

PRIVACY NOTICE: We respect your privacy; therefore we recommend you “white out” or otherwise block the following information on the copy of the tax return you send to us:

- Social Security Numbers (Taxpayer ID)
- Date of Birth

We only need the first page of your tax return showing your adjusted gross income and number of dependents. We do not need any other sheets or schedules!



**CITY OF FULLERTON
PUBLIC WORKS DEPARTMENT
SEWER DIVISION**

ANNUAL APPLICATION FOR RESIDENTIAL LIFE LINE SEWER SERVICE RATE

- ✓ Please read the attached Qualification Guidelines “before” completing this application.
- ✓ Please fill out this application and return it to: *Public Works/Sewer Division, 1580 W. Commonwealth Ave. Fullerton, CA 92833.*
- ✓ Please double check your application. All applications not *fully* completed will be *returned* for the proper information, and or documentation.

Last Name: _____ First Name: _____

Service Address: _____ Zip: _____

Day Phone: _____ Water Account No: _____

Total Number of Persons in Household * : _____ Total All Persons Yearly Income: \$ _____

* Do not include renters who share the residence, or transient occupants.

(List Any Other Occupants (example): Husband, Wife, Son, Daughter, Girlfriend, Father, Mother, etc. in this table; their income, how much, and attach proof). If they have no income indicate “0” in Yearly Income.

Relationship	Employed (check box)	Yearly Income \$	Proof of income Document (attach)
Self 1:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Occupant 2:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Occupant 3:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Occupant 4:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Occupant 5:	Yes <input type="checkbox"/> No <input type="checkbox"/>		

If you have more occupants, list on the back of this page.

I certify under penalty of perjury the information provided above is, to the best of my knowledge, true and correct. I understand deliberate falsification of this information shall be cause for disqualification from the Residential Life Line program and collection of any fees I may owe as a result. Signed:

Signature: _____ Date: _____

PLEASE ATTACH A COPY OF YOUR _____ INCOME TAX RETURN (e.g. 1040, 1040 EZ, etc.) OR ANY OTHER INCOME DOCUMENTATION WITH YOUR COMPLETED APPLICATION.

A member of the Sewer Program's staff may contact you to discuss your account. If you have any questions, please feel free to call us at (714) 738-6306.

OFFICE USE ONLY

Date Received: _____ Reviewed By: A.R. S.R. B.R

Income Verification: Tax Return Other Amount: \$ _____

Approved Not Approved - Reason: _____ Notified

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