



CITY OF CERES

LOW INCOME PROGRAM UTILITY USER'S TAX EXEMPTION APPLICATION

DATE: _____

 First Name Middle Name Last Name

 Service Street Address City Zip Code

 Mailing Address City Zip Code

 Telephone Driver's License# Social Security #

Account numbers: _____
 Charter Cable P.G.&E T.I.D

List names of persons who lived in your home during the past 12 months:

 Spouse

 Other Age

 Other Age

Did they contribute to your support or household income? Yes_____ No_____
 If yes, their income must be counted as part of your household income.

Please circle the number of persons in your household							
1	2	3	4	5	6	7	8
Income limit**							
\$34,750	\$39,700	\$44,650	\$49,600	\$53,600	\$57,550	\$61,500	\$65,500

Does your annual income exceed the indicated limit? Yes_____ No_____

Documentation is required to verify your income. The following source documents may be used to satisfy this requirement:

1. Prior year income tax returns
2. Salvation Army income certification
3. Social Security income statements
4. AFDC – Aid to Families with Dependent Children
5. Employer payroll statements - two or more

PLEASE SUBMIT: check stubs, Social Security's Notice of New Benefit Amount, income tax returns, etc., with your completed application.

**Income limit based on State of California Department of housing and Community Development 2015 income limits. Rev.06/30/15