



City of Monrovia

Finance Department

415 S Ivy Avenue, Monrovia CA 91016

Phone (626) 932-5517 • Fax (626) 932-5566

Email: watercustomersvs@ci.monrovia.ca.us

Business Hours: Monday – Thursday 7am – 6pm • Friday 7am – 5:30pm

Drop off or mail completed application along with copies of required documents. Please allow 30 days to process your application.

# Municipal Utility Services Discount Application

PLEASE PRINT CLEARLY

- Applicant's name must appear on the Municipal Utility Bill.
- The customer must be a resident of a single-family dwelling unit within the City of Monrovia.
- Applicant must live on the property.

## APPLICANT INFORMATION

Name:	Account Number:
Address:	Primary Phone Number:
Email Address:	

## AVAILABLE DISCOUNT PROGRAMS AND REQUIRMENTS (PLEASE SELECT ONE)

<input type="checkbox"/> <b>Senior - 5% discount</b> <ul style="list-style-type: none"> <li>• Applicants must be 65 years or older</li> <li>• Attach copy of valid Government Issued ID</li> </ul>	<input type="checkbox"/> <b>Veteran - 25% discount</b> <ul style="list-style-type: none"> <li>• Applicant served in a branch of the US Armed Forces</li> <li>• Applicant must provide a copy of the DD Form 214, Certificate of Release or Discharge from Active Duty</li> <li>• Attach copy of valid Government Issued ID</li> </ul>
<input type="checkbox"/> <b>Senior and Low Income - 25% discount</b> <ul style="list-style-type: none"> <li>• Applicants must be 65 years or older</li> <li>• Attach copy of valid Government Issued ID</li> <li>• Household income must be at or below 50% of Los Angeles County median income level</li> <li>• Provide copies of proof of current <b>household</b> income as reported on your Federal Tax Returns</li> </ul>	<input type="checkbox"/> <b>Low Income - 25% discount</b> <ul style="list-style-type: none"> <li>• Attach copy of valid Government Issued ID</li> <li>• Household income must be at or below 50% of Los Angeles County median income level</li> <li>• Provide copies of proof of current <b>household</b> income as reported on your Federal Tax Returns</li> </ul>

## INCOME LIMITS FOR LOW INCOME PROGRAMS (2015)

Household member information	Number of Persons in Household	Total Annual Household Income
Name: _____ Age: ____ Annual Income: \$ _____	1	\$ 29,050
Name: _____ Age: ____ Annual Income: \$ _____	2	\$ 33,200
Name: _____ Age: ____ Annual Income: \$ _____	3	\$ 37,350
Name: _____ Age: ____ Annual Income: \$ _____	4	\$ 41,500
Name: _____ Age: ____ Annual Income: \$ _____	5	\$ 44,850
Name: _____ Age: ____ Annual Income: \$ _____	6	\$ 48,150
Name: _____ Age: ____ Annual Income: \$ _____	7	\$ 51,500
Name: _____ Age: ____ Annual Income: \$ _____	8	\$ 54,800

*Source: HUD FY 2015 Income Limits*

I declare, under penalty of perjury, that the information I have provided in this application is true and correct. I agree to provide proof of eligibility. I agree to inform the City of Monrovia if I no longer qualify to receive the discount and I understand that if I receive the discount without qualifying for it, I will be required to reimburse the City for all ineligible amounts. Discount applies to water consumption, water meter service, and sewer service only.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

Approved By:	Date:
Denied By:	Reason: