

CITY OF LONG BEACH

SENIOR CITIZEN AND DISABLED UTILITY USERS TAX REFUND APPLICATION

City of Long Beach
 Long Beach Senior Center
 1150 East 4th Street
 Long Beach, CA 90802

Last Name	First Name	M.I.
Number and Street Name	Apt/Bldg/Sp #	
Long Beach	CA	
City	State	Zip Code
Service Address		
Phone Number ()		

- ✓ This application **MUST** be filed between January 1 and March 1 annually.
- ✓ Please fill out form legibly & completely to avoid delays.
- ✓ Attach Identification Card and documents for proof of income.

To: Commercial Services Bureau, Long Beach, California

I hereby apply for a refund in lieu of the Utility Tax Exemption granted by Municipal Code 3.68.090. I am:

- Sixty-two years of age or older and reside at the above address and the **combined gross income of all members of the household (including taxable and non-taxable income)** in which I reside does not exceed \$39,440 in the case of one (1) or two (2) individual households as established by the California Public Utilities Commission (CPUC).
- Sixty-two years of age or older and reside at the above address and the **combined gross income of all members of the household (including taxable and non-taxable income)** in which I reside does not exceed \$49,720 in the case of three (3) or more individual households as established by the California Public Utilities Commission (CPUC).
- He/she resides at the above address, is disabled and the **combined gross income of all members of the household** in which he/she resides does not exceed \$39,440 in the case of one (1) or two (2) individual households or, in the case of three (3) or more individuals does not exceed \$49,720.

I understand that the term **"gross income of all members of the household"** as contained in Long Beach Municipal Code Section 3.68.080 means that the amount stated on this application/declaration shall include, but not be limited to, the total gross wages, salary, business receipts, rents, gains, profits, gifts, inheritances, trusts, stock earnings, royalties, alimony, child support, welfare payments, Medicare, pensions, Social Security, Rent Subsidies, and all other receipts whether received in cash, credits, property or services of any kind or nature received during the prior calendar year. **I also understand that in order to verify household gross income, I may be required to provide documents to substantiate my annual income in the prior calendar year including tax returns, bank or savings account statements, investment statements, or similar documents containing income information as deemed necessary. I understand that any misrepresentaion or failure to disclose the correct information or to report total gross income on this application/declaration may result in liability and/or criminal penalties under the Long Beach Municipal Code.** This exemption is claimed based upon my age of _____ (62 years or older as of the date of this application verified by proper proof of age), or _____ disability (which must be verified verified by SSI/SSDI/WDC).

"This declaration is made under penalty of perjury under the laws of the State of California that the foregoing is true and correct."

1. The amount of tax exemption claimed was not paid by a public agency or from funds received from a public agency specifically for the payment of such tax:
2. During the previous calendar year, I have lived at the above address from _____ to _____
 (mm/dd/yyyy) (mm/dd/yyyy)
3. I am entitled to a refund of \$2.25 per month for the following utilities:

Gas	_____	X \$2.25 per month=	_____
Water	_____	X \$2.25 per month=	_____
Electricity	_____	X \$2.25 per month=	_____

Signature: _____

Date: _____

FOR USE BY THE CITY

This claim for refund of Utility Tax in lieu of Direct Exemption is approved under Section 3.68.090 of the Municipal Code.

 CRT Validation

\$ _____
 Total Refund Amount

Reviewed By: _____
 Manager- Commercial Services Bureau

 Date