

CITY OF LONG BEACH

UTILITY USERS TAX EXEMPTION APPLICATION / DECLARATION

Print Name: _____
Last Name
First Name
MI

Service Address: _____

City, State and Zip Code: Long Beach, California _____
Zip Code

Phone Number _____

RETURN TO
City of Long Beach
Long Beach Senior Center
Room 107
1150 E. 4th Street
Long Beach, CA 90802

Check appropriate box:	REQUIRED INFORMATION:
<input type="checkbox"/> Senior Citizen or	Total Number of Members in household: _____
<input type="checkbox"/> Disabled Citizen	Total Household gross Income: _____

The undersigned hereby claims exemption from utility users taxes imposed by Chapter 3.68.080 of the Municipal Code because 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 \$36,620 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 \$46,060 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 \$36,620 in the case of one (1) or two (2) individual households or, in the case of three (3) or more individuals does not exceed \$46,060.

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 by SSI\SSDI\VDC).

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

_____ on _____ at Long Beach, CA
(Signature)
(Date)

Utility Account Numbers:

Gas: _____	Electric: _____
Water: _____	Local Telephone: _____
Refuse: _____	Long Distance Telephone: _____
(Attach copy of Telephone company billing)	

This claim for exemption from the Utility Users Tax is allowed.

By _____ (Date)
(City Treasurer)
(Date)