



# APPLICATION FOR REDUCED SEWER SERVICE CHARGE

City of Chula Vista | Finance Department  
276 Fourth Avenue  
Chula Vista, CA 91910  
(619) 691-5250

Please provide the following information.

If you have any questions regarding this application, please call (619) 691-5117 for assistance.

1. Name: \_\_\_\_\_  
Last First MI Last 4 SSN#

2. Address: \_\_\_\_\_  
Street City State Zip Code

3. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

4. Indicate the water district your address is located in:

Otay Water District \_\_\_\_\_ Sweetwater Authority \_\_\_\_\_ Cal-American \_\_\_\_\_

5. Sewer Account Number: \_\_\_\_\_

6. The number of members residing in your household: \_\_\_\_\_

7. Gross annual income for all members of your household: \_\_\_\_\_

## CERTIFICATION

I, the undersigned, declare under penalty of perjury, that I am authorized to make this statement and that to the best of my knowledge and belief the statements herein, and any attachments hereto, are true and correct. I understand that this information will be used to determine whether I qualify for the reduced sewer service charge. I am aware that the City reserves the right to verify the total annual income or any other items on this application.

If any of the facts and conditions stated herein change to the extent that there no longer exists a right to the reduced sewer service charge, I acknowledge my responsibility to notify the City and the reduced rate shall no longer be in effect.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### - For Office Use Only -

Reduced Rate (Circle One):      Approved      Denied

Received by: \_\_\_\_\_ Received Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Reviewed Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Approved Date: \_\_\_\_\_

Date processed in Springbrook: \_\_\_\_\_ Date emailed to Otay Water District: \_\_\_\_\_

Date forwarded to Engineering: \_\_\_\_\_



## APPLICATION INSTRUCTIONS FOR REDUCED SEWER CHARGE

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### **YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING ITEMS:**

1. Please complete the *Application for Reduced Sewer Service Charge* and return the completed application to the City of Chula Vista, Finance Department Sewer Billing. To determine your eligibility for this program, you must provide evidence of your reduced sewer service status (Chula Vista Municipal Code § 13.14.120).
2. Please provide a copy of your most recent (previous year) W-2 tax form for each household member.

**OR**

3. If you did not file a W-2 in the previous year, please provide copies of check stubs indicating the total household income for the prior year. Copies of check stubs should be provided for each household member.

**OR**

4. If you are receiving public assistance, an award letter from the Welfare Office must be provided along with a copy of a recent check.

**OR**

5. If you are receiving Social Security benefits, the Most Recent Statement of Benefits copy is acceptable. If you receive Social Security monies by direct deposit, a copy of a recent bank statement will satisfy this requirement.

If you have any questions regarding this application, please contact the Sewer Billing Division at (619) 691-5117 for assistance.

**Applications, including all required documentation, may be submitted via mail, email, fax, or in person.**

#### **Mailed or in-person applications:**

City of Chula Vista  
Finance Department  
276 Fourth Avenue  
Chula Vista, CA 91910

#### **Email applications to:**

cvsewer@chulavistaca.gov