



**INSTRUCTIONS FOR COMPLETING
APPLICATION FOR SENIOR CITIZEN UTILITY USER'S TAX EXEMPTION**

1. Please complete the application on the reverse side and return the completed form to the City of Chula Vista, Finance Department. To determine your eligibility for this program, you will need to provide proof of your senior utility user's tax exemption status (Chula Vista Municipal Code 3.44.021).

2. Please provide a copy of the prior year's tax return for each household member,

OR

if you did not file a tax return for the last calendar year, please provide copies of check stubs indicating the total household income for the last calendar year. Copies of check stubs should be provided for each household member,

OR

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

if you are receiving Social Security benefits, a current statement of benefits or a copy of a recent check will be accepted. If you receive your Social Security monies by direct deposit, a copy of a recent bank statement will satisfy this requirement.

3. In addition to providing one of the items listed above, you must also include a copy of your California Driver's License or Identification Card for age and address verification. If you have any questions, please contact the Finance Department at (619) 691-5250, option 0.

Please return all income documentation with your completed application to:

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



FINANCE DEPARTMENT
276 Fourth Avenue, Chula Vista, CA 91910

APPLICATION FOR SENIOR CITIZEN UTILITY USER'S TAX EXEMPTION

Please read the instructions on the reverse side and fill in the following information. If you have questions regarding this application, please contact the Finance Department at (619) 691-5250, option 0.

1. Name: _____ Last 4 SSN#: XXX-XX-
Last First MI

2. Address: _____
Street City State Zip

3. Home Phone Number: () Work Phone Number: ()

4. In the spaces below for each utility company, enter the names and address exactly as shown on the utility bills received for the location where the service is provided or initiated and the names of the covered utilities. Attach additional sheets if needed.

A. Company Name: _____ Account Number: _____

Name and Service Address on bill: _____

B. Company Name: _____ Account Number: _____

Name and Service Address on bill: _____

5. Total number of members residing in your household: Adults: _____ Minor Children: _____

6. Number of adults NOT working: _____ Gross Annual Income for all members in household: _____

I, the undersigned, declare under penalty of perjury that the information on this application is true to the best of my knowledge. I understand that this information will be used to determine whether I qualify for senior utility user's tax exemption. I am aware that the City reserves the right to verify the total annual income or any other items on this application.

Name (please print) _____

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Received/Verified by _____ Date _____ Date Sent to Service Provider _____

Exemption Approved by _____ Date _____ Date Payment Requested _____

Exemption Denied by _____ Date _____ Date Applicant Notified _____