



CITY OF SIGNAL HILL

2175 Cherry Avenue ♦ Signal Hill, CA 90755-3799

DOMESTIC LOW INCOME DISCOUNT CUSTOMER APPLICATION

To apply for the City of Signal Hill Low Income Discount for your **primary residence** in Signal Hill, please complete and e-mail this application with proof of income to WaterBilling@cityofsignalhill.org. The discount will be reviewed annually and the amount of the discount will be determined based on the Consumer Price Index for All Urban Consumers - Los Angeles–Long Beach – Anaheim (“CPI”) provided by the U.S. Department of Labor Statistics. The discount will appear on your water bill for the period following receipt and approval of your completed application.

| Income Requirements Effective April 23, 2025 | |
|---|---|
| Number of Persons <u>Living in My Home</u> | Gross Annual Income <u>From All Sources</u> |
| 1-2 | \$11,200 - \$96,950 |
| 3 | \$14,400 - \$109,050 |
| 4 | \$16,000 - \$121,150 |
| 5 | \$17,300 - \$130,850 |
| 6 | \$18,550 - \$140,550 |
| 7 | \$19,850 - \$150,250 |
| 8 | \$21,100 - \$159,950 |
| Households with more than 8 please contact the City of Signal Hill, for the income calculation. | |
| Source: Department of Housing & Community Development - State Income Limits for 2025 | |

I understand “**gross income**” to mean **all income of all persons** who live in my home, including but not limited to:

- Employment, child support, alimony, interest, dividends, business and/or rental income and support from family and friends.
- Social Security, Veteran, Disability, Unemployment and Retirement benefits.
- AFDC, SSI, cash, public assistance, and Food Stamps.
- School grants, loans, or other aid.

I certify that:

- I am not claimed on another person’s income tax return.
- The total number of people who live in my household (is/are)_____
- The total annual **GROSS** household income of all persons living in my home, before deductions, from **ALL** sources, is \$_____.

I understand that the City of Signal Hill reserves the right to verify my household’s income.

The proof of income I’ve attached to my completed application is my 2024:

☐ Form 1040 or 1040EZ ☐ Form 540 ☐ Form SSA-109 ☐ Verification of Benefits form

NAME AS SHOWN ON BILL _____

ADDRESS AS SHOWN ON BILL _____

TELEPHONE _____ E-mail _____

CITY OF SIGNAL HILL UTILITY ACCOUNT NUMBER _____

By signing below, I declare, under penalty of perjury, that all statements on this application are true, and that I qualify for the Domestic Low Income Discount. I will notify the City of Signal Hill if I move, exceed the income limits, or no longer qualify for this rate for my permanent primary residence. If the City of Signal Hill finds that I received the low-income discount when I was not eligible, my account may be back-billed at the applicable domestic rate. I will renew my application annually as requested by the City of Signal Hill.

Signature _____ Date _____

Return this form as well as all required documentation to WaterBilling@cityofsignalhill.org. Questions (562) 989-7318.