



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 From All Sources
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.