



**CITY OF LOS ANGELES  
OFFICE OF FINANCE**

**UTILITY USER'S TAX EXEMPTION / ELECTRIC & WATER LIFELINE RATE APPLICATION**

(Los Angeles City Residents Only)

Please  
PRINT all information legibly.  
Mail completed application to:

OFFICE OF FINANCE  
UTILITY TAX EXEMPTION UNIT  
P.O. BOX 53233  
LOS ANGELES, CA 90053-0233

CHECK ONE:

- New Application  
 Name Change  
 Address Change

I AM FILING AS

- Senior Citizen  
 Disabled Citizen

FOR OFFICE USE ONLY			
DATE	MONTH	DAY	YEAR
Received	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number			
<input type="text"/>			

First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Service Address		Apartment No./Space
<input type="text"/>		<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different from above)		Apartment No./Space
<input type="text"/>		<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

ENTER SOCIAL SECURITY NUMBER BELOW

(For record keeping purposes only)

-  -

- SINGLE RESIDENCE  MOBILE HOME

Area Code: Phone Number:

Day Time Phone:

Date of Birth:

**PLEASE ENCLOSE A PHOTOCOPY OF YOUR MOST RECENT UTILITY BILL FOR EACH UTILITY FOR WHICH YOU ARE REQUESTING AN EXEMPTION. THE EXEMPTION CANNOT BE GRANTED IF THE NAME THAT APPEARS ON THE UTILITY BILL IS NOT THE SAME AS THE APPLICANT'S NAME.**

<input type="checkbox"/>	<b>Dept. of Water &amp; Power</b>	First Name	Middle Initial	Last Name
	Is service included in your rent?	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO	Account Number	<input type="text"/>	<input type="text"/>
	Number of People in Household? <input type="text"/>	Lifeline services requested:	<input type="checkbox"/> Electric	<input type="checkbox"/> Water

<input type="checkbox"/>	<b>Southern California Gas</b>	First Name	Middle Initial	Last Name
	Is service included in your rent?	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> YES <input type="checkbox"/> NO	Account Number	<input type="text"/>	<input type="text"/>

<input type="checkbox"/>	<b>Local Telephone Company</b>	First Name	Middle Initial	Last Name
	Service Company Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Check appropriate box to the right	<input type="checkbox"/> AT & T	<input type="checkbox"/> General Telephone	<input type="checkbox"/> Other <input type="text"/>

Residence Telephone	Area Code:	Phone Number:	Additional Telephone Within Same Household	Area Code:	Phone Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/>	<b>Long Distance Telephone Company</b>	First Name	Middle Initial	Last Name
	Service Company	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> AT & T <input type="checkbox"/> MCI <input type="checkbox"/> Sprint	Account Number	<input type="text"/>	
	<input type="checkbox"/> Other <input type="text"/>	<input type="text"/>		

**Signature REQUIRED on Page 2**

# Certification

(Please read carefully)

1. I am a user of the utilities at my residential service address within the City of Los Angeles and am responsible for the payment of such utility bills which are all under my name;
2. I am either a:
  - a. **Senior Citizen** 62 years of age or older, or a
  - b. **Disabled Citizen** an individual shall be considered to be disabled if he or she is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.
3. The combined adjusted gross income (as used for purposes of the California Personal Income Tax Law) of all members of the household in which I reside is **less than \$31,700 for the prior calendar year;**
4. The amount of tax imposed on the above utilities is not paid by a public agency or from funds received from a public agency specifically for the payment of such tax.

*I certify under penalty of perjury under the laws of the State of California that the above are true and correct. By completing this form and submitting it to the Office of Finance in an electronic format, such as email, you agree that the submitted form has the same legal effect, validity and enforceability of a form submitted to us via US Mail or in person. You also agree that the aforementioned form legally represents a document sent by you or your legal representative.*

Signature		MONTH	DAY	YEAR
	DATE			

## **PLEASE FOLLOW ALL INSTRUCTIONS BELOW AS INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED:**

(To shorten the processing time of your application, please submit all of the following required documentation that applies to you, as a Senior or Disabled Citizen, along with this completed form and return to us immediately at the address indicated on the face of this form.)

### **IF YOU ARE A SENIOR CITIZEN, please submit:**

1. Proof of Age - attach a copy of your California State Driver's License, Calif. State Identification Card, or other acceptable proof of age;
2. A copy of the entire City of Los Angeles Department of Water and Power (DWP) bill showing the applicant's name with the current service address (please do not send the payment portion only);
3. A copy of the entire Gas bill showing the applicant's name with the current service address (please do not send the payment portion only). If not applicable, please write "NONE."
4. A copy of the entire telephone bill (with the applicant's name, current service address, Los Angeles City Tax, and, if applicable, the page showing the long distance carrier (please do not send the payment portion only). If not applicable, please write "NONE."
5. Proof of income for applicant and each household member (as you have indicated on the application form) - **For the calendar year prior to the fiscal year** the exemption is applied for, please provide us a copy of the **California Resident Income Tax Return Form 540**, Social Security Benefits Statement, award letter of the amount of SSI benefits received, award letter from General Relief, or Cal Works/AFDC (entire copy). If none of the above are applicable, you must provide a **NOTORIZED LETTER** stating income. **Note: We will not accept copies of checks from any County, W-2, Statement of Earnings and Deductions [pay stub] or the Federal Income Tax Return Form 1040.**

### **IF YOU ARE A DISABLED CITIZEN, please submit:**

1. Proof of disability - **a recent (within the last 2 years) certification signed by a licensed physician** attesting that you are physically and/or mentally disabled which can be expected to result in death or to be of long-continued and indefinite duration, hence, unable to engage in substantial gainful employment, and
2. **All of the required items under "Senior Citizen" (see above), except** item number 1, Proof of Age.

Persons who qualify for the DWP portion of this program are automatically exempted from the Sanitation Equipment Charge. DWP Lifeline Discount Rate will become effective the first full billing period after the approved application is received by DWP. Please notify the Office of Finance of any change in information provided on this application. A new application must be completed within 90 days when there is a change of name or address in order to maintain your exemption. A change of apartment in the same building is a change of address. If you have any questions regarding this application form, please call the Utility Tax Exemption Unit (213) 978-3050/ TTY (213) 978-1532. When calling from the (818) area code, please call (818) 756-8121 then proceed to dial 978-3050/ TTY (213) 978-1532. For DWP Lifeline Rate questions, please call 1-800-342-5397.