

PROGRAM
YEAR

2016

CITY OF YREKA

701 Fourth Street, Yreka, Ca. 96097

Phone (530) 841-2386

Account Number: _____

APPLICATION FOR LOW INCOME DISCOUNTS
EFFECTIVE JANUARY 1, 2016 THROUGH DECEMBER 31, 2016

The undersigned does hereby apply for the following
City of Yreka Low Income Discounts:

Water base rate discount - \$2.00 per month.

Sewer base rate discount - \$2.00 per month.

For Office Use Only

Date Received: _____

Date Effective: _____

Approved By: _____

I do hereby certify that I am a resident of the City of Yreka and that I reside at the service address listed below and the water meter size at the service address is a 5/8" water meter. I further certify that the total annual income of my household is LESS THAN: (mark the appropriate box)

\$14,713 for a household of one

\$19,913 for a household of two or more

*** * P R O O F O F I N C O M E R E Q U I R E D F O R E A C H R E S I D E N T * ***
Must show ALL income for household members. You must provide a copy of your most recent income tax returns as proof of income.

I agree that in the event my household income exceeds the foregoing amounts that I will immediately notify the billing department of the City of Yreka in writing that I am no longer eligible for the discounts.

I declare under penalty of perjury that the following statement is true and correct.

Executed this _____ day of _____, _____.

PLEASE PRINT and complete the information requested below.

Name Applicant #1		Name Applicant #2	
Physical address		Mailing address (if different than physical address)	
Home Phone No.	Cell Phone No.	City, State, Zip	
X		X	
Signature		Signature	

A new application is required to be filed with the Utility Department of the City of Yreka for each calendar year. Renewal applications are due in our office by March 1st. Failure to return completed renewal form will result in loss of discount.

*****NOTE: IF YOUR TOTAL ANNUAL INCOME LEVEL IS NOW ABOVE THE ELIGIBILITY REQUIREMENT, PLEASE FILL OUT THE TERMINATION FO DISCOUNT FORM. THANK YOU.*****

TERMINATION OF DISCOUNT

Declaration for Lifeline Low Income Discount Termination:

ACCOUNT NAME: _____

SERVICE ADDRESS: _____ ACCT # _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____ HOME / WORK / CELL (CIRCLE ONE)

I hereby notify the City of Yreka that my/our annual household income exceeds the maximum amount allowed and I/we am/are no longer eligible for the Lifeline low income discounts.

Please discontinue the Lifeline low income discount on my/our account effective this date: _____.

X

SIGNATURE

DATE

X

SIGNATURE

DATE