

## City of Torrance Finance Department – Revenue Division Low Income Senior or Low Income Permanently Disabled UUT Exemption Application

## Low Income Senior or Low Income Permanently Disabled Utility User's Tax Exemption Application

Applicant Information				
Name: Last	First			Middle
Date of Birth:	SSN:		Phone:	
				T
Current Address:				Apt. #
City:	State:		ZIP:	
Number of persons residing at this location:		Today	's Date:	
Utility Account Information A copy of a recent billing from each utility is required showing name, address and account number.				
	· ·	ı Silowili	g name, addre	ess and account number.
City of Torrance Utilities	Account Number:			
California Water Service	Account Number:			
Southern California Edison Co.	Account Number:			
Southern California Gas Co.	Account Number:			
Spectrum (Cable TV)	Account Number:			
Verizon or AT&T (circle one)	Account Number:			
Other Long Distance Carrier; Company Name:	Account Number:			
Spouse Information				
Name: Last	First			Middle
If any of the utility accounts are in your deceased spouse's name, please check here:				
FOR CITY USE ONLY				
I certify that the above named utility companies are to exempt the listed account numbers from collection of the City of Torrance Utility User's Tax within 60 days of receipt of this form.				
Signature:		Date:		
lan Dailey		Process	ed by:	
Assistant Finance Director				

Return completed form and documentation to: City of Torrance, Finance/Revenue Division-UUT 3031 Torrance Blvd.

Torrance, CA 90503

Or via Email: <a href="mailto:revenue@torranceca.gov">revenue@torranceca.gov</a>

for no more than two years IF you provide proof of the following:  1) You rotal gross household income is no greater than \$32,200 for the prior calendar year (indexed each year)  AND  2) You are a minimum of 62 years of age or you are permanently disabled  Gross Income Eligibility Verification  Income is ALL GROSS INCOME received in the prior calendar year for all household members, including, but not limited to, Social Security, Pensions/Retirement, Interest/Investment income, Salaries/Wages, Rents received, Commissions, Capital Gains.  You are required to provide proof of gross income from all sources.  Applicant Gross Inc:  Source:  Total Received: \$  Source:  Total Received: \$  Source:  Total Received: \$  TOTAL GROSS INCOME FOR APPLICANT:  Source:  Total Received: \$  Source:  Total Received: \$  Source:  Total Received: \$  Source:  Total Received: \$  To	You <i>may</i> be exempt from	You may be exempt from paying the City of Torrance Utility User's Tax on your personal residence for a renewable period					
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			DATE				

## Low Income Senior or Low Income Permanently Disabled Utility User's Tax Exemption Application Information and Instructions

<u>What is the Utility User's Tax?</u> The Utility User's Tax (UUT) is a tax imposed upon City residents for the use of utilities (Water, Gas, Electricity, Cable and Telephone or Teletypewriter (including mobile and cellular)). The current tax rate is 6.0% for Water and 6.5% for all others.

<u>How do I qualify for exemption from the City of Torrance's UUT?</u> You may be eligible for exemption from the UUT on your personal residence if you meet the following criteria:

1. Your total gross household income was \$32,200 or less for the prior calendar year.

## **AND**

2. You are a minimum of 62 years of age or you are permanently disabled.

How do I qualify for the low-income and senior/disabled sanitation rates? Apply for the low income and senior/disable program using this application form. Once you sign the form you are agreeing to have the 64 gallon black container switched out if you previously had a 96 gallon black container. If the application is approved and you have a 96 gallon container sanitation will switch it out on your regular trash pick-up day for a 64 gallon container, **NO** exceptions. The low income program rate is for the 64 gallon container only. If you have any questions on the change of container sizes please contact City of Torrance Customer Service at 1-855-354-5623.

What is a "personal residence"? The exemption only applies to the home YOU live in, which is your personal residence. The exemption only applies to the person who fills out the exemption application. Therefore the utilities must be in the applicant's name (or the name of their qualifying spouse) and the service address must be the same as the applicant's address.

<u>What constitutes "gross household income"?</u> Gross household income is ALL GROSS INCOME received in the prior calendar year by ALL PERSONS residing in the home including, but not limited to, Social Security, Pension/Retirement, Interest/Investment Income, Salaries/Wages, Rents received, Commissions, Capital Gains, etc. You are required to provide proof of gross income from all sources.

What is "permanently disabled"? According to US Code Title 42, Chapter 7, Section 423(d)(1)(A) Disability is defined as "[The] inability 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 which has lasted or can be expected to last for a continuous period of not less than 12 months."

This is the definition of Disability utilized by the Social Security Administration in determining eligibility for Supplemental Security Income Qualifications.

<u>How long is the exemption good for?</u> The exemption is valid for two years, at which time you may reapply for another two year exemption, provided you meet the eligibility requirements at that time.

Return completed form and documentation to: City of Torrance, Finance/Revenue Division-UUT 3031 Torrance Blvd. Torrance, CA 90503

Or via Email: revenue@torranceca.gov

When completing the Exemption Application, please keep the following in mind:

- 1. You must provide a copy of a recent utility billing from each utility you are requesting exemption from. This copy must show the account number, account holder's name and address.
- 2. Your must provide proof of age. Acceptable proof is from California driver's license or ID, Medicare card or Birth certificate. Other forms may be acceptable, please feel free to ask.
- 3. You must provide proof of all gross income from all sources for the prior calendar year.
- 4. Make sure you complete both sides of the form, sign and date where indicated.