



Dear Customer:

The City of Tulare has a sewer discount program for low-income senior citizens. The program allows seniors, who meet specific requirements, to reduce the amount paid for sanitary sewer services.

The discounted sanitary sewer program allows households, which meet the requirements listed below, to reduce their sanitary sewer rate to \$21.00 per month.

1. The principal resident in the household, whose income pays the bills, is **60** or older.
2. The annual household income is below the **\$22,600** ceiling for the program.
3. Two or fewer residents occupy the household.

An application for the program is enclosed. If you are interested in the discounted sanitary sewer program, return the completed application and income verification to:

City of Tulare
Utility Billing
411 E. Kern
Tulare CA 93274

Approximately three weeks after receiving your application, the utility billing office will contact you regarding your use of the program.

If you have questions please call the Utility Billing office at 684-4260.

Utility Billing Office
City of Tulare

Enclosure: 1

Application for Discounted Sewer Service for Senior Citizens

The City of Tulare has approved a discount program for senior citizens with limited incomes. The sanitary sewer service program reduces sanitary sewer rates to \$21.00 per month.

Before being accepted into the program, your household must meet specific requirements that consider age, income, and number of persons residing in the household. **A copy of your drivers' license or birth certificate will serve as proof of age.**

FOR CITY OFFICE USE ONLY
ACCOUNT# : _____

Service Address : _____

Mailing Address : _____

Name: _____ Age: _____

Spouse's Name: _____ Age: _____

Other Household Members :

Name: _____ Age: _____

Name: _____ Age: _____

Telephone Number: _____

*Household's Income:

Social Security: _____/per month

Retirement Income: _____/per month

Income from Current Employment & Hobbies _____/per month

Rents and Royalties: _____/per month

Interest Income & Stock Dividends: _____/per month

Other Income: _____/per month

TOTAL MONTHLY INCOME: _____

****Please provide income verification (most recent tax return, W2 or 1099 statements, pay stubs or other verification). Applications received without income and age verification will not be accepted.***

DATE: _____

SIGNATURE: _____