City of Visalia

707 W Acequia PO Box 5078 Visalia CA 93278



Finance Division

Utility Billing
Telephone (559) 713-4499
Fax (559) 713-4801

Dear Customer:

The City of Visalia has two discount programs for senior citizens. The programs allow seniors, who meet specific requirements, to reduce the amount paid for refuse and sanitary sewer services. The household may participate in either or both programs.

The <u>discounted sanitary sewer program</u> allows households, which meet the below mentioned requirements, to reduce their sanitary sewer rate to \$13.25 per month (Res. 09-25). The <u>reduced refuse program</u> allows households, which meet the below mentioned requirements, to reduce their refuse rate to \$12.75 (Res. 09-25) per month.

Requirements for **both programs** are:

- 1. The principal resident in the household, whose income pays the bills, is 60 or older. In the case of couples, either person may qualify as the principal resident.
- 2. The annual household *gross* income is below:

\$34,840 ceiling for the program for a 1-2 person household

- 3. Two or fewer residents occupy the household.
- 4. You must submit a valid Identification card if first time applying
- 5. Provide <u>current</u> bank statement and/or most recent tax return.

An application for the two programs is enclosed; please return the completed application **and income verification** to:

City of Visalia Utility Billing PO Box 5078 Visalia CA 93278

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 713-4398.

Utility Billing Office City of Visalia

Enclosure: 1

Application for Discounted Refuse and Sewer Services for Senior Citizens

Before being accepted into the program, your household must meet specific requirements that consider age, income, service level, and number of persons residing in the household.

| APPLICATION FOR (please check one): | FOR CITY OFFI | CE USE ONLY |
|--|-------------------|---|
| Discounted Refuse only | A CCOLDITU | |
| Discounted Sewer Only BOTH | ACCOUNT#: | |
| BOTH | | |
| | · | |
| Service Address: | | |
| Mailing Address : | | |
| Email Address: | | |
| Name: | Date of Birth_ | Age |
| Spouse's Name: | | Age: |
| Other Household Members: | | |
| Name: | | Age: |
| Name: | | Age: |
| Telephone Number: | | |
| • TOTAL Household's Income:****M | UST INCLUDE EVERY | ONE IN HOUSEHOLD**** |
| Social Security: | | /per month* |
| Retirement Income: | | /per montn* |
| Income from Current Employment & F Interest Income & Stock Dividends: | lobbies | /per month* |
| Other Income (Rent/royalties etc): | | /per month* /per month* |
| TOTAL MONTHLY INCOME: | | , per menu |
| Please provide <u>currer</u> return. Identification ca | | and/or most recent tax ime applying. |
| ** By signing this application, I agree to a information with Tulare County Weights a receive the reduced rates. | | |
| SIGNATURE: | -A A | DATE: |
| By signing this you are verifying the above fa | cts are true. | |