CITY OF SIGNAL HILL

2175 Cherry Avenue• Signal Hill, CA 90755-3799

DOMESTIC LOW INCOME DISCOUNT CUSTOMER APPLICATION

To apply for the City of Signal Hill Low Income Discount for your primary residence in Signal Hill, please complete and e-mail this application with proof of income to WaterBilling@cityofsignalhill.org. The discount will be reviewed annually, and the amount of the discount will be determined based on the Consumer Price Index for All Urban Consumers - Los Angeles - Long Beach - Anaheim ("CPI") provided by the U.S. Department of Labor Statistics. The discount will appear on your water bill for the period following receipt and approval of your completed application.

Household Income	
Number of Persons Living in My Home	Gross Annual Income From All Sources
1-2	$11,200 - $96,950
3	$14,400 - $109,050
4	$16,000 - $121,150
Households with more than 4 please contact the City of Signal Hill, for the income calculation.	Source: Department of Housing & Community Development - State Income Limits for 2025

I understand "gross income" to mean all income of all persons who live in my home, including but not limited to:

- Employment, child support, alimony, interest, dividends, business and/or rental income and support from family and friends.
- Social Security, Veteran, Disability, Unemployment and Retirement benefits.
- AFDC, SSI, cash, public assistance, and Food Stamps.

I certify that:

- o I am claimed on another person's income tax return ____ YES ____ NO
- o The total number of people who live in my household is: _____
- o The total annual GROSS household income of all persons living in my home, before deductions, from ALL sources is $_____

I understand that the City of Signal Hill reserves the right to verify my household's income. The proof of income I've attached to my completed application is: ___2025 Form 1040/540(and supporting schedules) Alternative proof (if 1040 not required) ___Form SSA-1099 ___ Verification of Benefits

Name as shown on Water Utility Bill _____

Address as shown on Water Utility Bill _____

Telephone Number _____ Email Address _____

City of Signal Hill Utility Account Number _____

By signing below, I declare, under penalty of perjury, that all statements on this application are true, and that I qualify for the Domestic Low Income Discount. I will notify the City of Signal Hill if I move, exceed the household income, or no longer qualify for this rate for my permanent primary residence. If the City of Signal Hill finds that I received the low-income discount when I was not eligible, my account may be back billed at the applicable domestic rate. I will renew my application annually as requested by the City of Signal Hill.

Signature _____ Date _____

Return this form as well as all required documentation to WaterBilling@cityofsignalhill.org. Questions (562) 989-7318.