



**CITY OF UNION CITY**  
**UTILITY USERS TAX EXEMPTION APPLICATION**  
**LOW INCOME**

(Please fill out PG&E CARE application if enrolled in that program or Senior  
 Application if 70 or over)

Name:	Last	First	M.I.
Residential Address:			
Phone:			
Email:			

**OTHER RESIDENTS LIVING IN THE HOME**

Name:		Age:		Relationship:		Income:	
Name:		Age:		Relationship:		Income:	
Name:		Age:		Relationship:		Income:	
Name:		Age:		Relationship:		Income:	
Name:		Age:		Relationship:		Income:	
Name:		Age:		Relationship:		Income:	

**QUALIFICATIONS FOR TAX EXEMPTION**

Total household income not to exceed the Total Combined Annual Income listed below.

<u>Household Size</u>	<u>Total Combined Annual Income Limit</u>
1	\$45,700/year
2	\$52,200/year
3	\$58,750/year
4	\$65,250/year
5	\$70,500/year
6	\$70,700/year
7	\$80,950/year
8	\$86,150/year



**CITY OF UNION CITY UTILITY  
USERS TAX EXEMPTION APPLICATION  
LOW INCOME**

**UTILITY INFORMATION:** Does not apply to water, sewer, and garbage.

UTILITY	ACCOUNT #	NAME ON ACCOUNT
1.		
2.		
3.		
4.		
5.		
6.		

**SUPPORTING DOCUMENTS REQUIRED:** If you are not enrolled in PG&E CARE Program provide documentation of low-income status.

- A copy of the most recent utility bill for electricity, gas, telecommunications (mobile and/or land line) and cable (applicant must be the account holder)
- Please provide proof of income or this application will be returned/or denied.

**PROOF OF INCOME/CHECK BOXES THAT APPLY (documentation required):**

- Wages, Salaries, Including IHSS (Recent Pay Stub)
- Tax Return (Previous Yr. Tax Return)
- Social Security (SSA)

Submit a Benefit Verification Letter showing your current monthly benefit. You may request a benefit letter from SSA by calling (800) 772-1213

- Interest, Dividends, Annuities
- Unemployment Benefits
- Rental or Royalty Income
- Disability Payments
- Profit from Self Employment
- Worker's Compensation

- Spousal and/or Family Support/Child Support
- Pensions
- Supplemental Sec Income (SSI/SSP)

Submit a Benefit Verification Letter showing your current monthly benefit. You may request a benefit letter from SSA by calling (800) 772-1213

- Other Income  
(AFDC or Welfare Aid Verification with amount of benefit)



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**CERTIFICATION:**

**My current total gross annual household income from all members and source is**

\$

**I certify under penalty of perjury that the information provided herein is true and correct.** I agree to provide additional proof of income and other documentation if requested. I agree to inform Union City within 30 days if a member of the household moves, or if I otherwise no longer qualify for this program. I acknowledge that if I move, I must reapply and submit a new application and documents. I acknowledge that information provided herein may be shared with other utilities and/or City departments. I acknowledge that if I change service providers, I must inform the city of the new provider(s).

CUSTOMER SIGNATURE

DATE

**Note:** This exemption will not take effect until the application has been verified and approved by the Tax Administrator and processed by the utilities. **The City has up to 60 days to process your request for exemption and if approved, notify the utility companies.** The exemption becomes effective on the beginning of the first regular billing period commencing after the utility companies have been notified. I am aware if denied, I have the right to file an amended application, or to appeal the Tax Administrator’s decision to the City Manager within a ten-day period after the mailing date of the Tax Administrator’s notification. I understand that the City may require annual renewal (or less frequent renewals). Failure to respond to the City’s request for renewal may result in loss of eligibility for the exemption.

**RETURN COMPLETED APPLICATION FORM AND ATTACHMENTS TO:**

City of Union City  
Finance Department  
34009 Alvarado Niles Road  
Union City, CA 94587

**QUESTIONS?**

Please contact the Finance Department at 510-675-5417 or email: [uutexemption@unioncity.org](mailto:uutexemption@unioncity.org)

**City Approval Section:**

**Date Received:**

**Date Approve/Denied:**

**Comments:**