

# UTILITY USERS TAX EXEMPTION APPLICATION

(City of Maywood Residents Only)



FOR OFFICE USE ONLY

SS-ID: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Service Provider Notified:

YES  NO  PENDING

By: \_\_\_\_\_ Date: \_\_\_\_\_

Account Number:

\_\_\_\_\_

Send applications to:  
[raul.herrera@cityofmaywood.org](mailto:raul.herrera@cityofmaywood.org)  
 Contact # (323) 562-5700  
 Fax # (323) 773-2806

Finance Department  
 City of Maywood  
 4319 E. Slauson Avenue  
 Maywood, CA 90270

**CHECK ONE:**

- New Application
- Name Change
- Address Change

**I AM FILING AS:**

- Senior Citizen
- Disabled Citizen

- SINGLE RESIDENCE  MOBILE HOME

**Date of Birth**

MM	DD	YYYY
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First Name	Middle Initial	Last Name
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Email Address

\_\_\_\_\_

Service Address	Apartment No./ Space
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Area Code	Phone Number
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City	State	Zip Code
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Mailing Address (if different from above)	Apartment No./ Space
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City	State	Zip Code
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**PLEASE ATTACH A PHOTOCOPY OF YOUR MOST RECENT UTILITY BILL FOR EACH UTILITY REQUESTING EXEMPTION AND AN IDENTIFICATION TO VERIFY PROOF OF AGE OF 62 OR OLDER. THE EXEMPTION CANNOT BE GRANTED IF THE NAME THAT APPEARS ON THE UTILITY BILL IS NOT THE SAME AS THE APPLICANT'S NAME.**

**Landline Telephone Service Provider**

First Name	Middle Initial	Last Name
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Service Company Name \_\_\_\_\_

Residence Telephone: \_\_\_\_\_

**Southern California Gas**

First Name	Middle Initial	Last Name
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Is service included in your rent?

Yes  No

Account Number \_\_\_\_\_

**Southern California Edison**

First Name	Middle Initial	Last Name
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Is service included in your rent?

Yes  No

Account Number \_\_\_\_\_

**Mutual Water Company**

First Name	Middle Initial	Last Name
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Is service included in your rent?

Yes  No

Account Number \_\_\_\_\_

**SIGNATURE REQUIRED ON PAGE 2**

HH Mbrs#	Applicant and/or Members of Household (First and Last Name)	Relationship	Date of Birth (MM/DD/YYYY)	Annual Income Before Taxes
1				
2				
3				
4				
5				

TOTAL APPLICANT HOUSEHOLD INCOME:

**Attach separate sheet if household is more than five (5)**

**PLEASE NOTE:**

- A NEW APPLICATION MUST BE SUBMITTED IF YOU MOVE TO A NEW ADDRESS
- AN APPLICANT MUST BE SIXTY-TWO (62) YEARS OLD OR OLDER, OR
- A RECEIPT OF SUPPLEMENTAL SOCIAL SECURITY BENEFITS (A COPY MUST BE PRESENTED AS PROOF)
- THE CITY OF MAYWOOD RESERVES THE RIGHT TO REQUIRE DOCUMENTATION OF ANY INFORMATION PROVIDED
- THE UTILITY USER'S TAX EXEMPTION, IF ANY, AUTOMATICALLY TERMINATES IF THERE IS A CHANGE OF ADDRESS OR DEATH

**I CERTIFY, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE INFORMATION THAT I HAVE PROVIDED IN THIS APPLICATION, AND ATTACHMENTS HERETO, ARE TRUE AND CORRECT.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
<input type="checkbox"/> Approved for Landline Telephone Exemption <input type="checkbox"/> Approved for Southern California Edison Exemption <input type="checkbox"/> Approved for Southern California Gas Exemption <input type="checkbox"/> Approved for Mutual Water Exemption	<input type="checkbox"/> Exemption Denied <input type="checkbox"/> Exemption Denied <input type="checkbox"/> Exemption Denied <input type="checkbox"/> Exemption Denied Reviewed By: _____ Date: _____