



City of Pomona
Utility Users Tax
2024 Exemption Application

Fill out and return with copies of required documents to:
City of Pomona, Revenue Mgmt. Division
 PO Box 660
 Pomona, CA 91769-0060

SECTION I.

1. Name (First, Middle, Last) _____
 2. Street Address _____ 3. City _____
 4. State _____ 5. Zip Code _____ 6. Home Phone _____ 7. Other Phone _____
 8. Last 4 digits of Social Security Number _____ 9. Please Check One: New Application Renewal Application

SECTION II.

10. Number of occupants in your household _____

HH Mbr#	Name (First and Last Name)	Relationship	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Source of Income	Annual Income
1						
2						
3						
4						
5						

TOTAL INCOME FOR ALL OCCUPANTS:

11. Annual Income of all occupants including Social Security benefits \$ _____

PLEASE ATTACH COPIES OF ALL DOCUMENTS TO SUPPORT REPORTED INCOME - See Guidelines

SECTION III.

Complete all applicable information below including all account numbers. Account and telephone numbers not listed will be taxed. Copy of cover sheet for all bills must be submitted with backup.

ELECTRIC

Name on Account _____ Account # _____
 Service Provider _____ *Example: Edison x-xx-xxx-xxxx*

LANDLINE TELEPHONE

Name on _____
 Account # _____
 Service Provider _____ Provider Ph. # _____

CELL PHONE

Name on Account _____
 Account # _____ Associated Acct Ph. # _____
 Service Provider _____ Provider Ph. # _____

GAS

Name on Account _____

Service Provider _____

Account # _____

Example: The Gas Co. xxx-xxx-xxxx-x

WATER

Name on Account _____

Service Provider _____

Account # _____

Example: Customer / Acct # xxxxxxxx-xxxxxxx

I AUTHORIZE THE CITY OF POMONA REVENUE DIVISION TO REQUEST AND OBTAIN INCOME INFORMATION FROM THE FOLLOWING SOURCES: CITY OF POMONA UTILITY SERVICES, CITY OF POMONA HOUSING AUTHORITY, COUNTY OF LOS ANGELES ASSESSOR AGENCY, SOCIAL SECURITY ADMINISTRATION, VETERANS AFFAIRS, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, AND COUNTY OF LOS ANGELES SOCIAL SERVICES, FOR THE PURPOSE OF VERIFYING MY ELIGIBILITY AND LEVEL OF BENEFITS UNDER THE UTILITY USERS TAX.

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE. I UNDERSTAND THAT I MUST RENEW MY APPLICATION AND VERIFY ELIGIBILITY ANNUALLY AND WILL NOTIFY THE CITY WITHIN 30 DAYS OF ANY CHANGE IN INCOME WHICH MIGHT DISQUALIFY ME FROM THIS EXEMPTION.

Applicant's Signature _____ **Date** _____

Office use only:

All documents provided to support Income (Y or N)	If no, Date Customer was contacted for missing document	Source of Income	Calculated Income
Total Income Calculated:			

Date Received

Approval Date

Expiration Date

Reviewed by: