



City of Westminster

FINANCE DEPARTMENT
8200 Westminster Blvd
Westminster CA 92683
714-894-3796

DISABLED CITIZEN UTILITY USERS TAX EXEMPTION APPLICATION

FOR OFFICE USE ONLY

Approved Denied

By _____

Date _____

Application Date

____ / ____ / ____

Applicant Information

Name: _____
(Last Name) *(First Name)*

Service Address: _____

Social Security #: _____

Type of Residence: Single Family Condominium Mobile Home Apartment Other
(Please circle one)

Number of People Living at this Address: _____ *(Income certification must be filed for all household residents)*

Utility Account Numbers

Cable TV _____

Electricity _____

Gas _____

Telephone # _____

(service provider) _____

Water _____

Cellular _____

Documentation

I hereby claim exemption from utility users taxes imposed by Chapter 3.14 of the Municipal Code and certify that I have a disability that substantially impairs one or more major life activities such as seeing, hearing, speaking, walking, working, or learning. The combined gross income of all members of the household is less than \$18,000 per year.

I am providing the following:

- 1) ● Proof of my residency at the service address indicated above

and one document from each section: (please check the appropriate box in each section)

- 2) A note from my doctor
- Sufficient documentation to substantiate my disability status

- 3) Copy of my latest Federal Income Tax Return
- Other document to substantiate income

I understand it is a misdemeanor for people to receive the tax exemption knowing that they do not qualify to be exempt.

Signature: _____

Date: _____

PLEASE RETURN FORM TO CITY OF WESTMINSTER FINANCE DEPARTMENT