

CITY OF LONG BEACH

SENIOR CITIZEN AND DISABLED UTILITY USERS TAX REFUND APPLICATION

Return Application to:
City of Long Beach
Commercial Services Bureau
P. O. Box 630
Long Beach, CA 90842

Last Name	First Name	M.I.
Address		Apt/Space #
City	State	Zip Code
Name of Complex _____		
Phone Number () _____		

Check Appropriate Box/Required Information

- Senior Citizen (sixty-two years or older)
- Disabled Citizen

Total Household Gross Income _____
 Total Number Living in Household _____

Program year is January 1 through March 1 annually. Application must be postmarked by March 1.

I hereby apply for a refund in lieu of the Utility Tax Exemption granted by Municipal Code 3.68.090 based on the following:
(check the applicable boxes below)

- I reside at the above address and received a refund in program year 2021. There has not been any changes to the number of members in my household nor my status. If this box is checked, please submit only a signed application.
- I did not receive a refund in program year 2021. If this box is checked, proof of income is required. For disabled citizens, include your SSI/SSDI/VDC documentation. For senior citizens (sixty-two years or older), include proof of age. Return information with this application to the address listed in the upper-right box. **Please do not submit original documents.**
- I confirm the combined gross income of all members in the household (including taxable and non-taxable income) does not exceed \$34,840 for one or two members. In the case of three or more members, the income does not exceed \$43,920.

I understand that the term **"gross income of all members of the household"** as contained in Long Beach Municipal Code Section 3.68.080 means that the amount stated on this application/declaration shall include, but not be limited to, the total gross wages, salary, business receipts, rents, gains, profits, gifts, inheritances, trusts, stock earnings, royalties, alimony, child support, welfare payments, Medicare, pensions, Social Security, Rent Subsidies, and all other receipts whether received in cash, credits, property or services of any kind or nature received during the prior calendar year. I also understand that in order to verify household gross income, I may be required to provide documents to substantiate my annual income in the prior calendar year including tax returns, bank or savings account statements, investment statements, or similar documents containing income information. I understand that any misrepresentation or failure to disclose the correct information or to report total gross income on this application/declaration may result in disqualifying the application.

"This declaration is made under penalty of perjury under the laws of the State of California that the foregoing is true and correct."

1. The amount of tax exemption claimed was not paid by a public agency or from funds received from a public agency specifically for the payment of such tax:
2. During the previous calendar year, I have lived at the above address from _____ to _____
 (mm/dd/yyyy) (mm/dd/yyyy)
3. I am entitled to a refund of \$2.25 per month for the following utilities:

Gas	_____ months	X \$2.25 per month=	_____
Water	_____ months	X \$2.25 per month=	_____
Electricity	_____ months	X \$2.25 per month=	_____

Signature: _____

Date: _____

FOR USE BY THE CITY

This claim for refund of Utility Tax in lieu of Direct Exemption is approved under Section 3.68.090 of the Municipal Code.

 CRT Validation

\$

 Total Refund Amount

Reviewed By: _____
 Manager- Commercial Services Bureau

 Date