



CITY OF HUNTINGTON BEACH

SENIOR CITIZEN UTILITY USERS TAX EXEMPTION CERTIFICATE

Enter information as it appears on your utility bill.

Name:

Address:

Apt/Space:

Zip Code: Huntington Beach, CA

Telephone:

To: Chief Financial Officer, City of Huntington Beach

I, the undersigned, hereby claim exemption from utility users taxes imposed by Chapter 3.36 of the Huntington Beach Municipal Code and certify that I am sixty-two (62) years of age or older and reside at the above service address where the combined annual adjusted gross income of all members of the household does not exceed the HUD Income Guidelines – “Very Low Income Category” which has been attached to this certificate.

Income – Verification (I have attached a copy of one of the following)

- Federal Income Tax Return
- California Income Tax Return
- Social Security Statement

Age – Verification (I have attached a copy of one of the following)

- Driver’s License
- CA Identification Card
- Birth Certificate
- Passport
- Other – explain

FireMed – Reduction of Fees (I apply for the following – Age limitation does not apply)

- Reduction of Membership Fee - \$30 Low-Income rate (10/1/03)

Utility Account Numbers – Please complete all that apply and provide copies of most recent utility bills

UTILITY/SERVICE PROVIDER	ENTER ACCOUNT NUMBER
SCE (Southern California Edison - Electricity)	
Gas Co.	
Water/Trash	
Cable	
Telephone	
Telephone Company Provider Name	
Mobile Cell Phone Number	
Cell Phone Service Provider	

Municipal Code, §3.36.250(g) makes it unlawful and a misdemeanor for any person knowingly to receive the exemption provided when such person does not meet the requirements, and upon conviction thereof shall be subject to a fine of \$500.00 and/or imprisonment.

Please sign below and return to:

City of Huntington Beach – Utility Tax Screening
Att: Finance Department
2000 Main Street
Huntington Beach, California 92648-2702

Signature	Date of Birth (MM/DD/YYYY)	Date
FOR CITY USE ONLY – THIS CLAIM FOR EXEMPTION FROM THE UTILITY USER’S TAX IS ALLOWED		
Finance Administration		Date

Completed by:

Date: _____

Finance Staff (Print Name/initial)