



Mt. View Sanitary District

Fiscal Year _____

Sewer Service Charge Rebate Application and Eligibility Requirements

PROPERTY OWNER NAME(S) / PARCEL #:		
PROPERTY ADDRESS:		
CITY:	STATE:	ZIP:
PARCEL NUMBER:		
MAILING ADDRESS (if different from above):		
CITY:	STATE:	ZIP:
PHONE:	E-MAIL:	
NUMBER OF RESIDENTS IN HOUSEHOLD:	GROSS ANNUAL HOUSEHOLD INCOME: \$	
<p>The Sewer Service Charge Rebate Program is based on the total household income of <i>all</i> residents living at the address. Household income is defined as all revenues, from all household members, from whatever source derived, whether taxable or non-taxable, including, but not limited to: wages, salaries, interest, dividends, spousal support and child support payments, public assistance payments, social security and pensions, rental income, income from self-employment, and all employment-related non-cash income. <i>Mt. View Sanitary District reserves the right to request additional documentation if there are questions regarding total income.</i></p>		
ELIGIBILITY DOCUMENTS SUBMITTED & VERIFIED BY MVSD STAFF		
DRIVERS LICENSE OR STATE ID CARD NO. (INCLUDE STATE OF ISSUE):		
DOCUMENTS SUBMITTED FOR PROOF OF INCOME ARE:		
FEDERAL INCOME TAX RETURN	STATE INCOME TAX RETURN	PG&E CARE CUSTOMER
<p>If applicant nor any other member of your household filed state or federal income taxes, please provide copies of year-end statements showing any income received (include taxable and non-taxable) from pensions, interest (i.e., savings accounts), Social Security benefits, etc.</p>		
OTHER DOCS (LIST):		
SIGNATURE(S):		DATE:
PRINT NAME:		
<p>Under penalties of perjury, I/we certify that my/our household income is below the established low-income limits. I certify by signing this application that I am the legal owner of the property described herein and that I am eligible to receive low-income rate assistance. I understand that this application is not a promise that a rebate will be provided by the District. The undersigned further understands that providing false representations herein constitutes an act of fraud.</p>		
MAIL Application & Eligibility Docs to: MVSD Rebate, 3800 Arthur Road, Martinez, CA 94553 OR EMAIL to: info@mvsd.org		
GENERAL PROGRAM GUIDELINES 1. Only complete applications that meet the requirements for low-income rate assistance will be accepted and reviewed. 2. Applications will be processed on a first-come, first-served basis. 3. Property owners may only apply for one service charge rebate per parcel per year regardless of the number of units, buildings, or laterals serving the property. 4. Property owners must be either: 1) currently enrolled in PG&E CARE Program or 2) meet Mt. View Sanitary District's eligibility criteria for a low-income household.		
DATE APPLICATION REVIEWED:	DATE APPLICATION APPROVED:	
STAFF SIGNATURE:	STAFF SIGNATURE:	

Warning: This application is subject to verification and any misrepresentations could result in denial of the exemption.