

Application for City of Sedona Sewer Rate Subsidy Program



The City of Sedona offers a low-income **residential** subsidy rate for qualifying households. **As of July 1, 2015 this rate is \$29.74 per month** (the regular residential rate is \$56.50 per month). The program is provided on an **annual basis** and participants must apply for and meet all the program qualifications each year. Please read all qualifications before completing and submitting an application. Thank you.

1. The **income of all persons** occupying the residence will be considered, and the **total gross income** cannot be more than the guidelines for your household size as determined annually by the County (below). Verification of income must be shown. This can be accomplished by providing a copy of the most recent Federal Tax Return(s).

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person
\$33,350	\$38,100	\$42,850	\$47,600	\$51,450	\$55,250	\$59,050

2. **Applicant must demonstrate their legal lawful presence in the United States** as outlined in ARS §1-502. The name of the applicant must be the same as the name on the City of Sedona billings for the service address.
3. **The residence must not be delinquent in payment of their monthly sewer fees.** If approved for the subsidy program and your account becomes delinquent, your account will return to the current regular billing rate.
4. You must demonstrate that your residence uses **5,000 gallons of water or less per month per person**, and your property must be connected to the sewer system.
5. **You must occupy the residence year round, all 12 months, and own no other properties.**

NAME: _____ PHONE NUMBER: _____

SERVICE ADDRESS: _____ ACCOUNT #: _____

NUMBER OF OCCUPANTS: _____ ARE YOU THE HOME OWNER OR TENANT
 (Please complete other side of the form with your occupant information)

DO YOU OPERATE ANY HOME BASED BUSINESS OR OTHER COMMERCIAL OPERATIONS AT THIS SERVICE ADDRESS? IF YES, WHAT KIND? A BED & BREAKFAST VACATION RENTAL RENT OUT ROOMS OTHER: _____

DRIVERS LICENSE (State & #): _____ SOC. SEC. #: _____

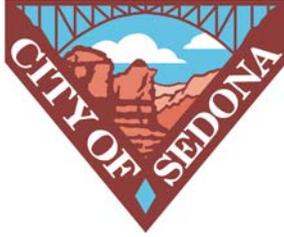
I certify I meet the criteria stated above and understand that if funds are no longer available in the future, that with 60 days notice, the City will increase my rate to the monthly rate at the given time. I understand that I may have to provide additional documentation to validate eligibility. I understand that if I have provided any false information in order to obtain a reduction under this program, I will be required to repay the reduced amounts. I also understand that I will be required to set my account up on XpressBillPay.com for automatic payment of my account by the 15th of each month using a credit card, debit card, or electronic check debit.

Signature

Date

Please provide the following with your application: Water bill or documentation showing your annual water use history and a copy of your most recent FEDERAL TAX return(s).

Office Use Only		
Approved or Not Approved By: _____	Date: _____	Income Verification: _____
_____	_____	Water use Verification: _____
Service Rate Changed: _____ Date: _____ Scan Application & Attach to UB Account		



Subsidy Statement of Income for City of Sedona Sewer Rate Subsidy

The person/persons occupying the residence must have **gross** income of no more than the guidelines for your family as determined annually by the County (below). Verification of income must be shown. This can be accomplished by providing a Federal income tax statement.

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person
\$33,350	\$38,100	\$42,850	\$47,600	\$51,450	\$55,250	\$59,050

There are minimum income requirements for filing Federal Tax Returns:

	<u>Under age 65</u>	<u>65 and older</u>
Single	\$10,000	\$11,500
Head of Household	\$12,850	\$14,350
Married, file jointly	\$20,000	\$21,200 One Spouse / \$22,400 Both
Married, file separately	\$3,900	\$3,900

If you do not file a Federal Tax Return, what are your sources and amounts of income?

Interest and Dividend Income \$ _____

Social Security Benefits – please provide copy of Annual SSA-1099 \$ _____

Any additional Sources of Income? _____ \$ _____

Business Income of more than \$400?

You are required to file a Federal Tax Return and you need to provide us with a copy.

Rental Income? If you own more than 1 property you are excluded from the Subsidy Program.

I certify that the income stated above is my only sources of income. I understand that if I have provided false information in order to obtain a reduction under this program, I will be required to repay the reduced amounts.

Signature

Date