

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, 2017 this rate is \$32.17 per month** (the regular residential rate is \$61.11 per month). The program is provided on an **annual basis**. Participants must apply for and meet all the program qualifications each year. Please read all qualifications before completing and submitting an application. Thank you.

HOME OWNER TENANT

NAME: _____ PHONE NUMBER: _____

SERVICE ADDRESS: _____ ACCOUNT #: _____

DRIVERS LIC.(State & #): _____ DATE OF BIRTH: _____

PROOF OF HOUSEHOLD SIZE: (The number of persons living in your home)

Name of Occupant	Age	Relationship to Applicant

1. To be eligible for the subsidy sewer rate, you must have a current residential sewer account in your name. Commercial accounts are ineligible.
2. The sewer account must not be delinquent. If approved for the subsidy program and your account becomes delinquent, your account may be returned to the current residential billing rate.
3. You must demonstrate that your residence uses 5,000 gallons of water or less per month per person. Please provide a copy of your most recent water bill or documentation showing your annual water history. The bill/documentation must show the account in your name at the qualifying service address.
4. The service address must be your primary residence, and you may not own any other real estate.

_____ Initial

5. Applicant must demonstrate their legal lawful presence in the United States as outlined in ARS §1-502.



The **income of all adult 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). The definition of gross (before taxes) household income is all money and noncash benefits available for living expenses from all sources, both taxable and nontaxable, before deductions, for all people who live in your home. Verification of income must be shown to substantiate living expenses. This can be accomplished by providing a copy of the most recent Federal Tax Return(s), Social Security Award Letter or SSI/Disability Letter.

If receiving any unearned income, please provide a list of who receives the money or benefits and the source. Each adult household member who does not have income must provide a signed statement declaring they have no income.

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person
\$35,400	\$40,450	\$45,500	\$50,550	\$54,600	\$58,650	\$62,700

Name of Occupant	Benefits/Money	Income Source

I authorize the City of Sedona to contact any sources necessary to establish the accuracy of information given by me or other information that pertains to the verification of my eligibility. I understand I may be required to provide additional documentation to validate eligibility. I understand that if I become ineligible for the reduced rate, I must notify the City of Sedona immediately. I further understand that if I move, a new application is required and the reduced rate will not be applied at the new address until the application has been received and approved. I understand that if the Subsidy Program funds are no longer available, and with a (60) sixty day notice, the City can return my account to the residential billing rate.

The signature below certifies under penalties of perjury that all information provided is correct. Any person obtaining a discount based on false information may be prosecuted and required to repay the reduced amounts.

Signature

Date

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