



**Financial Services Department, Building 106**  
 102 Roadrunner Dr.  
 Sedona, AZ 86336

## Residential Wastewater Subsidy Rate Program Application

The City of Sedona offers a low-income **residential** wastewater subsidy rate for qualifying households. As of July 1, 2018, this rate is **\$32.17** per month (the regular residential rate is \$61.11 per month). This program is offered on an annual basis. Applicants must apply for and meet eligibility requirements annually. Commercial accounts are ineligible.

**Please complete, initial and sign where indicated on this application and return the form, along with required documentation, to the Financial Services Department. Eligibility for the program will be determined based on the information and documentation provided.**

**Communication from the City regarding this permit/license must comply with A.R.S. § 9-495**

This is my  Initial/First-time Application  Annual RENEWAL Application

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Service Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Driver License Number (State and number): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Wastewater Account Number: \_\_\_\_\_

I am the  Homeowner  Tenant at the above service address.

### Household Size:

(Please provide the name, age and relationship of all household members. Attach a separate sheet if additional room is needed.)

	Name of Occupant	Age	Relationship to Applicant
1.			
2.			
3.			
4.			
5.			

### Eligibility Requirements:

Applicants must have lived in Sedona for at least 6 months.

The income of all adult persons occupying the residence is considered in the total household income. To be eligible for the residential wastewater subsidy rate, the total gross household income cannot be more than the guidelines provided annually by the County. (See household income guidelines 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 persons who live in the home.

#### Household Income Guidelines:

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$50,900	\$58,200	\$65,450	\$72,700	\$78,550	\$84,350	\$90,150	\$96,000

Continued on page 2



Verification of income must be provided to the City of Sedona Financial Services Department. This can be accomplished by providing a copy of the most recent Federal Tax Return(s), Social Security Award Letter or SSI/Disability Letter.

Any unearned income must be included in the household income list. Each adult household member who does not have income must provide a signed statement declaring they have no income.

Household Income:

(Please provide the name, amount and income source for all household members. Attach a separate sheet if additional room is needed.)

Table with 4 columns: 1., Name of Occupant, Income/Benefits/Money, Income Source. Rows 1-5.

Please read and indicate that you meet eligibility requirements by initialing after each of the following statements.

- 1. I have a current residential wastewater account in my name. \_\_\_\_\_ Initial
2. My total household income does not exceed amounts as specified in the Household Income Guidelines. \_\_\_\_\_ Initial
3. The service address is my primary residence and I do not own any other real estate. \_\_\_\_\_ Initial
4. My wastewater account is not delinquent. If approved for the subsidy program and my account becomes delinquent, I understand my account may be returned to the current regular residential billing rate. \_\_\_\_\_ Initial
5. My residence uses 5,000 gallons of water or less per month, per person. I am including 12 months of water usage billing history with my application. If I have lived in Sedona less than 12 months, I am including at least 6 months of water usage billing history with my application. \_\_\_\_\_ Initial
6. I have a legal lawful presence in the United States as outlined in ARS §1-502. \_\_\_\_\_ Initial

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 Residential Wastewater Subsidy Rate Program funds are no longer available, with a (60) sixty-day notice, the City can return my account to the residential billing rate.

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

Applicant Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

This area for City of Sedona use only
[ ] Approved [ ] Not Approved
Income Verification: \_\_\_\_\_
By: \_\_\_\_\_ Date: \_\_\_\_\_ Water Verification: \_\_\_\_\_
Service Rate Changed: \_\_\_\_\_ Date: \_\_\_\_\_ Scan & Attach Application to UB Account: \_\_\_\_\_