



**Finance Department**

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[www.sanbruno.ca.gov](http://www.sanbruno.ca.gov)

	Approved	Denied
Finance:		
SB Cable:		
For office use only		

**2022-23 Application for Discounted Rates**

Water & Sewer  Garbage  San Bruno Cable TV

(Check each that apply)

Water Customer Number \_\_\_\_\_

Cable Customer Number \_\_\_\_\_

**CUSTOMER INFORMATION**

Name \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address (if different from residence) \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

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

**HOUSEHOLD INFORMATION**

Number of People Living in Household: Adults \_\_\_\_\_ + Children \_\_\_\_\_ = Total \_\_\_\_\_

Name and Birthdate of All Household Residents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUIRED DOCUMENTS**

**Proof of income is required.** Please attach a copy of your income verification. Failure to include necessary documents will result in a denied application.

**Income Verification:** (Please provide a copy of one of the following) **NO W-2 FORMS ACCEPTED**

2021 Federal **OR** State Income Tax Return (**first two pages only showing AGI**), or

2021 Statement of Social Security or Disability Benefits, or

2021 Proof of State/Federal Housing Assistance \$ \_\_\_\_\_

(Salary check stubs are not acceptable) **Total Annual Household Income**

To ensure your privacy, please remove all social security and account numbers.

Documents will be destroyed once application has been approved and cannot be returned to the applicant.

**Examples of Income Sources are:**

- Wages/Salaries
- Disability Payments
- Rental Income
- Social Security, SSI, SSP
- Pension/Private Retirement
- Interest/Dividends

**DECLARATION**

I state that the information I have provided in this application is true and correct. I agree to provide all information necessary to approve this application. I agree to inform the City of San Bruno's Finance Department if I no longer qualify to receive the reduced rates. I understand that if I receive the discount without meeting the qualification guidelines, I will be required to repay the discount I received. I understand I must have a 32 gallon garbage toter in order to receive the discount on garbage service. I understand that participation in the program is voluntary and I agree to comply with all requests made by the City of San Bruno. I accept these terms and acknowledge the City may amend the administration of the discounts for low income household program at any time.

X \_\_\_\_\_  
Signature

X \_\_\_\_\_  
Date

**Qualifying applicants are not provided reduced rates retroactively for any delay due to processing or late submission.**



**Fiscal Year 2022/23**

Dear Residential Customer:

The City Council has established a program that provides reduced rates to households with certain income limitations. Participation in this program is voluntary. **All customers that currently qualify for reduced rates must re-apply each fiscal year.** In order to participate, a household's combined gross annual income (the total income before tax deductions for **all** residents of the service address) may not exceed the maximum income as detailed below.

**Schedule of Discounts:** (effective on bills generated after July 1, 2022)

<b>Service</b>	<b>Discount</b>	<b>Limitations</b>
Cable Television	25%	Basic and Limited services
Garbage	25%	Applicable to 32-gallon toters
Water and Sewer	25%	n/a

**Income Guidelines:**

<b>Number of Persons in Household</b>	<b>Total Combined Annual Income</b>
1	\$63,950
2	\$73,100
3	\$82,250
4	\$91,350
5	\$98,700
6	\$106,000
7	\$113,300
8	\$120,600

**Renewal applications and proof of income must be submitted by July 31, 2022, to avoid being dropped from the program.**

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