



**APPLICATION FOR THE
LOW-INCOME PROPERTY OWNER RATE REDUCTION PROGRAM
SPRING 2019**

Esta aplicación está disponible en español visitando napasan.com y/o llamando al 707-494-1699

Napa Sanitation District (NapaSan) offers a Rate Reduction Program for qualified owner-occupied homeowners¹, who are billed a NapaSan Sewer Charge on their property tax bill. If you are currently participating in PG&E’s CARE Program, you will be eligible for NapaSan’s Rate Reduction Program if you meet all of the eligibility requirements listed below (#1-5). If you are NOT participating in the PG&E CARE Program, in addition to requirements #1-5, your household income² will be used to determine eligibility (#6).

ELIGIBILITY REQUIREMENTS

Are you currently participating in PG&E CARE Program? **Yes** If Yes, 1-5 applies **No** If No, 1-6 applies

1. Own your home and it is your primary residence.
2. Received sewer service charge on their property tax for NapaSan.
3. You must apply for the program annually to continue to receive the reduced rate.
4. You must submit all the required documents listed below.
5. You must submit completed and signed application before or on deadline date of **June 30, 2019**.
6. Your total combined household income² **must not exceed** the Income Guidelines. (Non PG&E CARE Program Participants Only)

INCOME GUIDELINES			
Household gross income must not exceed Income Guidelines to qualify			
1 person - \$42,180	3 persons - \$54,240	5 persons - \$65,100	7 persons - \$74,700
2 persons - \$48,240	4 persons - \$60,240	6 persons - \$69,900	8 persons - \$79,560

REQUIRED DOCUMENTS	
PG&E CARE Program Participant	Non PG&E CARE Program Participant
1. A copy of your current PG&E billing showing participation in the CARE Program.	1. A copy of your filed Federal tax return for 2018 or if you did not file taxes, include documentation to support income, such as social security statements, W-2 or 1099s (see household income ² definition).
2. A copy of your property tax bill (2018-2019)	2. A copy of your property tax bill (2018-2019)
3. A copy of completed and signed application.	3. A copy of completed and signed application.

¹ Owner-Occupied Homeowner – own your home and it is your primary residence.

² Household Income - All revenues from all household members, from whatever sources derived, whether taxable or non-taxable, including, but not limited to: wages, salaries, pensions, unemployment benefits, self-employment profit, disability payments, workers compensation, child or spousal support, interest or dividends from savings accounts, stocks, bonds, retirement accounts, rent or royalty income, cash income or gifts, scholarship, grants, or other aid used for living expenses, insurance or legal settlements, Social Security, SSI, SSP, food stamps or TANF (AFDC).

Spring 2019 Application for the Low-Income Property Owner Rate Reduction Program

APPLICANT INFORMATION

NAME (Please Print) _____ TEL. NO. _____

SERVICE ADDRESS _____ PARCEL/APN NO. _____

MAILING ADDRESS (If different from above) _____

Do you own and live in this home? Yes or No

INFORMATION REQUIRED FOR Non PG&E CARE Program Participants

How many persons live in this home? _____ (Please be sure to review the income guidelines and definition of income on the reverse side of this form to be sure all household income does not exceed the guidelines)

List Household Member Name	Relationship to Applicant	List Total Income From All Sources For Each Household Member
Total Money Received Annually By My Household Is:		\$

NOTE: If you need additional lines, please attach a separate sheet. For any dependents or other individuals in your household without income (i.e. children, elderly, non-working), please write the members full name and indicate "no income".

REDUCED RATE: The reduced rate will be **\$511.34**, which is a reduction of \$198.86 from the regular FY19/20 Annual Sewer Service Charge (SSC) of \$710.20.

I certify that the information provided on and with this application is true and correct to the best of my knowledge, under penalty of perjury, and that I meet the eligibility requirements for the program.

Signature of Applicant _____ Date _____

Please email, mail or deliver completed application with required documents to:

NapaSan
Attn: 2019 Low Income Program
1515 Soscol Ferry Rd., Napa, CA 94558

FOR DISTRICT USE ONLY
 Eligible Ineligible
 Date _____

For more information, call (707) 258-6022 or e-mail rbataller-byrd@napasan.com.

IMPORTANT: You must attach all the required documents with this application.