



**APPLICATION FOR THE  
LOW-INCOME PROPERTY OWNER RATE REDUCTION PROGRAM  
SPRING 2017**

Esta aplicación está disponible en español visitando [napasan.com](http://napasan.com) y/o llamando al 707-494-1699

Who is eligible?	Low-income owner-occupied homeowners, who are billed a Napa Sanitation District Sewer Service Charge on their property tax bill.
What is considered “low-income”?	The <b>total income for all (household gross income)</b> persons living in your home must <b>not exceed</b> income guidelines below: 1 person - \$39,120      5 persons - \$60,360 2 persons - \$44,700      6 persons - \$64,800 3 persons - \$50,280      7 persons - \$69,300 4 persons - \$55,860      8 persons - \$73,740  Please review the “ <b>Definition of Income</b> ” list below to be sure you are accurately calculating all household income.
What is an “Owner-Occupied Homeowner?”	You qualify if you own your home and it is your primary residence.
How much of a reduction will I receive?	Your reduced rate will be \$458.10, which is a reduction of \$180.00 from regular FY 17/18 Annual Sewer Service Charge (SSC) of \$638.10.
What will I need to provide?	<ol style="list-style-type: none"> <li>1. A copy of your filed Federal tax return for <b>2016</b> showing gross income. <b>** See note if taxes were not filed**</b></li> <li>2. A copy of your property tax bill (<b>2016-2017</b>).</li> <li>3. This completed application.</li> </ol> <p><b>* *NOTE: Other proof of income may be allowed. See list below.</b></p>
When is the application deadline?	<b>June 30, 2017</b>
How can I get more information?	Call (707) 258-6022 or email <a href="mailto:RBataller-Byrd@napasan.com">RBataller-Byrd@napasan.com</a>

**Definition of Income**

All revenues from all household members, from whatever sources derived, whether taxable or non-taxable, including, but not limited to:

- |   |                                    |
|---|------------------------------------|
| • Wages or Salaries (W2s)   | • Workers Compensation             |
| • Interests/Dividends from: Savings, Stocks, Bonds or Retirement Accounts | • Pensions                         |
| • Unemployment Benefits   | • Social Security, SSA, SSP & SSDI |
| • Rental or Royalty Income  | • Insurance Settlements            |
| • School Grants, Scholarships or other aid used for living expenses       | • Legal Settlements                |
| • Profit from Self-Employment   | • TANF (AFDC)                      |
| • Disability Payments   | • Food Stamps                      |
|   | • Alimony and Child Support        |
|   | • Cash and/or Other Income         |

**If your household meets the requirements above, please fill out the application on the reverse side of this page and mail or deliver it to the address listed.**

## Spring 2017 Application for the Low-Income Property Owner Rate Reduction Program

Please complete the following information, then **mail or deliver** your form and attachments to:

**Napa Sanitation District  
Attn: 2017 Low Income Program  
1515 Soscol Ferry Rd., Napa, CA 94558**

\_\_\_\_\_  
**Name** (as shown on property tax bill)

\_\_\_\_\_  
**Assessor Parcel Number (APN) #** (as shown on property tax bill)

(\_\_\_\_\_)\_\_\_\_\_  
**Telephone #**

**Do you own and live in this home?**    Yes (  )        No (  )

**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
<b>Total Money Received Annually By My Household Is:</b>		\$

**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".

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**IMPORTANT: You must attach a copy of the federal tax return if filed for each working person living in your home AND a copy of your property tax bill to this application.**