



**APPLICATION FOR THE  
LOW-INCOME PROPERTY OWNER RATE REDUCTION PROGRAM  
SPRING 2021**

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

Napa Sanitation District (NapaSan) offers a Rate Reduction Program for qualified owner-occupied homeowners<sup>1</sup>, 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 income<sup>2</sup> 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 your 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, 2021**.
6. Your total combined household income<sup>2</sup> **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 - \$47,760	3 persons - \$61,440	5 persons - \$73,680	7 persons - \$84,600
2 persons - \$54,600	4 persons - \$68,220	6 persons - \$79,140	8 persons - \$90,060

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 2020 (Form 1040) or if you did not file taxes, include documentation to support income, such as social security statements, W-2 or 1099s (see household income <sup>2</sup> definition).
2. A copy of your property tax bill (2020-2021)	2. A copy of your property tax bill (2020-2021)
3. A copy of completed and signed application.	3. A copy of completed and signed application.

<sup>1</sup> Owner-Occupied Homeowner – own your home and it is your primary residence.

<sup>2</sup> 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 2021 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
<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".

**REDUCED RATE:** The reduced rate will be **\$531.78**, which is a reduction of \$206.82 from the regular FY21/22 Annual Sewer Service Charge (SSC) of \$738.60.

**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 or mail completed application with required documents to:

**NapaSan**  
**Attn: 2021 Low Income Program**  
**1515 Soscol Ferry Rd., Napa, CA 94558**

<b>FOR DISTRICT USE ONLY</b>	
<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible
Date _____	

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

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