

SERVICE CHARGE WAIVER PROGRAM FOR LOW-INCOME RESIDENTS

HOW TO QUALIFY AND APPLY

MMWD's Service Charge Waiver Program is for customers with a gross annual household income at or below 80% of the Marin County low income level set by the Federal Department of Housing & Urban Development (FDHUD). Under this program the bimonthly meter service charge, watershed management fee and capital maintenance fee are waived. MMWD Code Section 6.01.150 Low income discount.

To qualify, you must:

- ✓ Have a gross annual household income at or below 80% of the Marin County low income level set forth by the Federal Department of Housing & Urban Development and provide proof of same;
- ✓ Install water-efficient showerheads and faucet aerators in your home that meet MMWD code (free showerheads and aerators are available from MMWD);
- ✓ Have the water service in your name (duplex, apartment complexes or mobile home parks with a master meter do not qualify); and
- ✓ Not be claimed as a dependent on another person's income tax return. If

you are interested, please fill out the attached application and return it to:

**Marin Municipal Water District
Customer Service Department
220 Nellen Avenue
Corte Madera, CA 94925**

Be sure to include proof that your gross annual household income meets the low income requirements. To determine your eligibility, MMWD may need to request additional information and/or schedule an appointment for you to meet with one of our representatives.

If you have any questions about the program, please contact our Customer Service Department at **415-945-1400**. We will notify you in writing as to whether or not you qualify for this program.

Please note: The district reserves the right to request additional information at any time. While eligibility is normally for a one-year period, participation in the program can be revoked if a consumer does not meet all qualifying criteria as set forth in the district code. MMWD may modify any or all eligibility criteria, or program components including discontinuing the program, by action of the Board of Directors.



SERVICE CHARGE WAIVER PROGRAM FOR LOW-INCOME RESIDENTS APPLICATION FORM

Application for calendar year 20__

Customer #:		Date:
Name:		Phone:
Address:	City:	Zip:
No. of residents in household:	Total gross household income:	

For proof of income, please provide a copy of each:

- Driver's license or State Identification Card (account holder(s)); and
- Last tax year's full completed tax return and all year-end statements showing all income received for all household members.

Our low-income program is based on the total gross annual household income of *all* residents living at the water service address. Gross annual household income is defined as all revenues, from all household members, from whatever source derived, whether taxable or non-taxable, including, but not limited to: wages, salaries, interest, dividends, spousal support and child support payments, public assistance payments, social security and pensions, rental income, income from self-employment, and all employment-related non-cash income.

Please note: All documentation (identification and proof of income) must be submitted at the time of application. Approved applications will be notified by mail and effective the next billing cycle after the application is received by Customer Service.

- Please list documentation submitted for proof of income:

If neither you nor any other member of your household filed taxes, sign below certifying that no tax returns were filed last year. You must provide copies of year-end statements showing any income received (include taxable and non-taxable) from pensions, interest (i.e., savings accounts), Social Security benefits, etc.

This is to certify that my gross annual income is \$_____ and that I did not file a California state or federal income tax return last year, and that no member of my household filed a California state or federal return last year.

Signature: _____ Date: _____

I declare under penalty of perjury that the foregoing is true and correct, and that I am a resident of the above service.

Signature: _____ Date: _____

SERVICE CHARGE WAIVER PROGRAM FOR LOW-INCOME RESIDENTS **LOW**

INCOME GUIDELINES

Effective July 2020

# in Household	Gross Monthly Household Income	Gross Annual Household Income
1	\$6,507	\$78,080
2	\$7,437	\$89,240
3	\$8,367	\$100,400
4	\$9,293	\$111,520
5	\$10,040	\$120,480
6	\$10,783	\$129,400
7	\$11,527	\$138,320
8 and up	\$12,270	\$147,240

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Please note: Low income guidelines are subject to change periodically.