



**MARIN  
WATER**

**LOW-INCOME DISCOUNT PROGRAM GUIDELINES** - Marin Water's Low Income Discount 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. Marin Water's Code Section 6.01.150 Low income discount.

**HOW TO QUALIFY**

1. Have the water service in your name.
2. Not be claimed as a dependent on another person's income tax return.
3. Must be the primary residence of all household members.
4. A single-family residential consumer (duplex, apartment complexes or mobile home parks with a master meter do not qualify).
5. Show proof of having installed low flow shower heads, WaterSense labeled high efficiency toilets and low flow faucet aerators.
6. Your household must meet the program income guidelines in the table below.
7. You must submit one of the following forms of identification for each household member:
  - California Driver's License or California ID (for adults)
  - Medical card or School ID (for minors)
8. You must verify the household gross annual income by submitting for every household member receiving income at least one of the following:
  - Last year's signed tax return (1040, 1040A, or 1040 EZ) including all schedules (if electronically filed please manually sign the copy provided) OR an IRS Verification of Non-filing Letter.

**OR**

  - Yearend benefits statement/SSI Letter, CAL Works letter.
  - A printout showing your name, current date (within the last 30 days) and income amount for County Assistance or any other source of assistance (Medicaid/Medi-Cal for Families, CalFresh SNAP)
9. You must notify Marin Water if your household no longer qualifies for the Low Income Discount
10. You are required to recertify your eligibility every year.

**INCOME GUIDELINES**

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.

For your protection, please **hide or remove the first five digits of any social security number** on anything you submit.

**Effective July 2022**

| Number of Persons in Household | Gross Monthly Household Income<br>(all household income before taxes) | Gross Annual Household Income<br>(all household income before taxes) |
|--------------------------------|---|--|
| 1                              | \$6,960   | \$83,520   |
| 2                              | \$7,953   | \$95,440   |
| 3                              | \$8,946   | \$107,360  |
| 4                              | \$9,940   | \$119,280  |
| 5                              | \$10,737  | \$128,840  |
| 6                              | \$11,533  | \$138,400  |
| 7                              | \$12,327  | \$147,920  |
| 8 and up                       | \$13,123  | \$157,480  |

**Please note:** Income guidelines are subject to change periodically. Marin Water 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 Marin Water code. Marin Water's may modify any or all eligibility criteria, or program components including discontinuing the program, by action of the Board of Directors.



**MARIN WATER**

220 Nellen Avenue, Corte Madera, CA 94925

415.945.1455

MarinWater.org

# LOW-INCOME DISCOUNT PROGRAM APPLICATION FORM

Application for calendar year 20\_\_\_\_\_

New and existing applicants, please complete all steps 1-7 below. Incomplete applications will be denied and require re-application resulting in the delay of acceptance. The Low-Income Discount Program is not retroactive; customers who qualify will begin receiving the waiver the next billing cycle once your application is approved.

## 1. Customer Information:

|                                 |            |          |
|---------------------------------|------------|----------|
| Customer Name:                  |            | Date:    |
| Service Address:                | City:      | Zip:     |
| Customer #:                     | Service #: | Phone #: |
| Mailing Address (if different): | City:      | Zip:     |

2. Number of Persons in Household: \_\_\_\_\_

3. Is a copy of an accepted form of identification for each household member included? (Circle one): Yes / No

4. My total GROSS (not adjusted) household income does NOT exceed the following (Circle one):

| Number of Persons in Household                                     | 1        | 2        | 3         | 4         | 5         | 6         | 7         | 8 and up  |
|--|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Gross Monthly Household Income (all household income before taxes) | \$6,960  | \$7,953  | \$8,946   | \$9,940   | \$10,737  | \$11,533  | \$12,327  | \$13,123  |
| Gross Annual Household Income (all household income before taxes)  | \$83,520 | \$95,440 | \$107,360 | \$119,280 | \$128,840 | \$138,400 | \$147,920 | \$157,480 |

You must report all income sources for each person who resides in this household and attach documentation for each income source.

5. Is a copy of all GROSS Household Income documents included? for every household member receiving income included (refer to program guidelines) (Circle one): Yes / No

6. **DECLARATION and APPLICATION CHECKLIST: (Please read, check the three boxes, sign, and date.)** I certify under penalty of perjury that the information on this application is truthful and correct. I have read and understand the requirements of the Low Income Discount Program and agree to provide proof of income in order to participate. I agree to notify Marin Water of any changes to my household or income that may affect my eligibility for assistance. I understand that if I receive the discount without qualifying for it, I may be required to pay back the discount I received.

→  I have read and understand the requirements of the Low Income Discount Program and certify that I meet all of the program guidelines and qualifications.

→  I agree to notify Marin Water of any changes to my household or income that may affect my eligibility for assistance. I have included an accepted form of identification for each member of the household.

→  I have included accepted proof of income to verify the total gross annual household income. I have hidden or removed the first five digits of any Social Security number on the documentation submitted (NOT originals).

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SEND completed application and all required documentation of income: Email: customerservice@marinwater.org OR US MAIL to: Marin Water, PO Box 994 Corte Madera, CA 94976-0994



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