



**CITY OF LAWDALE**  
**FINANCE DEPARTMENT**  
 14717 Burin Avenue, Lawndale CA 90260  
 (310) 973-3200 ♦ (310) 973-3246  
[www.lawndalecity.org](http://www.lawndalecity.org)

**UTILITY USERS TAX EXEMPTION**

**ELIGIBILITY:**

You may be exempt from paying the Utility Users Tax for your personal residence if any one of the following applies:

- You are 65 years of age or older;
- You are disabled or blind, under the criteria established by the Social Security Administration; or
- Your family income does not exceed the U. S. Department of Housing and Urban Development (HUD) established limits for very low-income families.

**HOW TO APPLY FOR THE EXEMPTION:**

If you meet any one of the eligibility criteria stated above, you must complete this form, and submit it with a copy of one recent bill showing your name, address and account number for each utility for which an exemption is applied.

**PROOF OF EXEMPTION ELIGIBILITY STATUS WILL BE REQUIRED AT THE TIME THIS APPLICATION FORM IS SUBMITTED.**

Applicant: \_\_\_\_\_  
 (Last Name) (First Name) (Middle Initial)

Service Address: \_\_\_\_\_ Lawndale, CA 90260  
 (Street Address)

Daytime Phone: "####" \_\_\_\_\_ Social Security # \_\_\_\_\_ aaaaaaaaaa

I hereby claim a household exemption from the utility users' tax pursuant to Lawndale Municipal Code Section 3.14.020. I certify that I am the head of the household, at the service address above, and that I:

- Am sixty-five (65) years of age or older;
- Am disabled or blind based upon criteria established by the Social Security Administration;
- My family's total income does not exceed the limits established by HUD for very low-income families.

As required by the City of Lawndale Finance Department, I will present documentary evidence of my exemption status checked above.

I certify under penalty of perjury that the foregoing is true and correct.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**TO RECEIVE THE EXEMPTION, THE FOLLOWING UTILITY ACCOUNT INFORMATION MUST BE COMPLETED, ALONG WITH A RECENT COPY OF ONE BILL FOR EACH UTILITY FOR WHICH AN EXEMPTION IS APPLIED:**

	<b>Account Number</b>	<b>Name on Account</b>
Southern Calif. Edison	_____	_____
The Gas Company	_____	_____
Golden State Water Co.	_____	_____
Verizon Telephone	_____	_____
AT&T Telephone	_____	_____
Time Warner Cable	_____	_____
AT&T Long Distance	_____	_____
Verizon Wireless Cell	_____	_____
Sprint PCS Cellular	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW THIS SECTION</b>
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Approved: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Denied: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_