



SENIOR WATER DISCOUNT PROGRAM APPLICATION

Name (must match water bill account name)	City Water Bill Account No.
Service Address	City State Zip
Telephone# ()	Email Address
Alt. Phone# ()	

	YES NO	“NO” to any of these questions, you do not qualify
		I am at least 65 years of age (Enclose a copy of your ID or Driver's License)
		I am the applicant on a water account with the City of Santa Fe Springs (Enclose a copy of Water bill)
		I am the head of household
		This property is my permanent primary residence

The Senior Water Discount Program shall provide a discount of twenty-five percent (25%) on water consumptions charges only. The discount shall not apply to the fixed service charge. Eligibility for the program is subject to the limitations set forth below and shall be granted solely to applicants who satisfy all of the following requirements. To apply for this discount, please complete this application and mail, fax or email it with supporting documents to the Gus Velasco Neighborhood Center (GVNC). Applications may also be dropped off in person at either the Gus Velasco Neighborhood Center, 9255 Pioneer Boulevard, or at City Hall, 11710 Telegraph Road, Santa Fe Springs, CA 90670.

Mail: 9255 Pioneer Blvd., Santa Fe Springs, CA 90670
 Fax: Attn: Moy Morales - Program Coordinator II
 (562) 695-8620
 E-mail: MoyMorales@santafesprings.gov

If you need assistance or have any questions, please call (562) 692-0261.

- Eligibility Requirements:**
- * Applicants must be a minimum of sixty-five (65) years of age.
 - * The applicant's property must receive water service from the City.
 - * The applicant must be the primary holder identified on the water utility bill.
 - * The applicant's must provide an additional utility bill or tax documentation verifying their status as head of household.
 - * The property for which the application is submitted must constitute the applicant's permanent primary residence.

I certify that the information I have provided in this application is true and correct. I agree to inform the City of Santa Fe Springs if I no longer qualify to receive this discount. I understand that if I receive the discount without meeting the qualifications for it, I may be required to pay back the discount I received.

Customer Signature	Date
Office Use Only: Reviewed by _____ Approved by _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Init. Init. </div>	