



SENIOR WATER DISCOUNT PROGRAM APPLICATION

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

YES	NO	<i>"NO" to any of these questions, you do not qualify</i>
<input type="checkbox"/>	<input type="checkbox"/>	I am at least 65 years of age <i>(Enclose a copy of your ID or Driver's License)</i>
<input type="checkbox"/>	<input type="checkbox"/>	I am the applicant on a water account with the City of Santa Fe Springs <i>(Enclose a copy of Water bill)</i>
<input type="checkbox"/>	<input type="checkbox"/>	I am the head of household
<input type="checkbox"/>	<input type="checkbox"/>	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 submit it by mail, email, or in person with supporting documents to the Gus Velasco Neighborhood Center (GVNC) or City Hall.

Eligibility Requirements (Applicant must):

- Be a minimum of sixty-five (65) years or older
- Property must be primary residence (located in the City)
- Property must receive water services from the City
- Head of household

***Provide additional utility bills and/or tax returns to verify head of household status**

Mail/Drop-off Locations:

- **Gus Velasco Neighborhood Center**
9255 Pioneer Blvd., Santa Fe Springs, CA 90670
- **City Hall**
11710 Telegraph Road, Santa Fe Springs, CA 90670

E-mail: waterbill@santafesprings.gov

Questions or Assistance: Call (562) 692-0261

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.

<hr/> Customer Signature	<hr/> Date
Office Use Only: Reviewed by _____ Approved by _____ Init. Init.	