



## APPLICATION FOR LOW INCOME DISCOUNT – 2017

### City of Ripon

259 N. Wilma Avenue | Ripon, CA 95366  
Phone: 209-599-2108 Fax: 209-599-2685

If your annual income is within the income level shown in the chart below, you are eligible to receive a low income discount.

**IMPORTANT:** You must renew your application every year or you may lose your discount status.

**VERIFICATION OF INCOME IS NECESSARY WHEN APPLYING:** The discount is based on TOTAL household income. Please supply a copy of your 2016 income tax return. If you do not file a tax return, please supply a copy of your income source(s) for your entire household including a list of names and ages of everyone in your household.

Income Limits 2017								
Income Level	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Very Low 20%	\$21,400	\$24,550	\$27,600	\$30,600	\$33,100	\$35,500	\$37,950	\$40,400
Low 10%	\$34,250	\$39,150	\$44,050	\$48,900	\$52,850	\$56,750	\$60,700	\$64,550

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

P. O. Box \_\_\_\_\_

Phone: \_\_\_\_\_

\*Number of people in household: \_\_\_\_\_ \*TOTAL annual household income: \$ \_\_\_\_\_

**I certify under penalty of perjury under the laws of the State of California that the above information is true & correct.**

Applicant: (Signature) \_\_\_\_\_

Approved: (City Clerk) \_\_\_\_\_

Date Approved: \_\_\_\_\_

*\*If the number of people in your household does not match the total exemptions on your tax return (line 6 of form #1040) OR if the total household income does not match the total income (line 22 of form 1040), please explain why:*

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\_\_\_\_\_

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