



CITY OF RIPON

LOW INCOME DISCOUNT APPLICATION

How to Apply

1. Complete the application information.
2. Provide household & income information.
3. **Provide proof of Total Annual Income.** See back for instructions on what documents to send with this form.
4. Return signed application along with all proofs of income to the City Clerk at City Hall | 259 N Wilma Ave | Ripon, CA 95366

Application Information

Customer Name (as appears on City bill):	City Account Number:
Service Address:	Phone Number:
Mailing Address (if different than property address):	Email Address:

Household Information & Income Verification

Total number of persons living in the home: **Adults** _____ + **Minors (under 18)** _____ = _____ **Total**

Are you receiving a housing subsidy (Section 8, HUD, etc.)? Yes _____ No _____
Is anyone in the household receiving food subsidy (CalFresh)? Yes _____ No _____ } If yes, provide proof of amount received annually

Household income includes money from ALL household members (taxable or non-taxable) including but not limited to:	Annual Income Limits																																													
<table><tr><td>Wages \$ _____</td><td>Spousal support \$ _____</td></tr><tr><td>Interest income \$ _____</td><td>Child support \$ _____</td></tr><tr><td>Social Security \$ _____</td><td>Rental or royalty income \$ _____</td></tr><tr><td>SSI, SSP, SSDI \$ _____</td><td>Self-Employment income \$ _____</td></tr><tr><td>Retirement/Pensions \$ _____</td><td>Legal settlements \$ _____</td></tr><tr><td>Disability payments \$ _____</td><td>Scholarships \$ _____</td></tr><tr><td>Workers compensation \$ _____</td><td>Grants \$ _____</td></tr><tr><td>Unemployment benefits \$ _____</td><td>Other income \$ _____</td></tr><tr><td>Cash received monthly \$ _____</td><td>Explain other income: _____</td></tr></table>	Wages \$ _____	Spousal support \$ _____	Interest income \$ _____	Child support \$ _____	Social Security \$ _____	Rental or royalty income \$ _____	SSI, SSP, SSDI \$ _____	Self-Employment income \$ _____	Retirement/Pensions \$ _____	Legal settlements \$ _____	Disability payments \$ _____	Scholarships \$ _____	Workers compensation \$ _____	Grants \$ _____	Unemployment benefits \$ _____	Other income \$ _____	Cash received monthly \$ _____	Explain other income: _____	<table><thead><tr><th>Persons in Household</th><th>Low 10%</th><th>Very Low 20%</th></tr></thead><tbody><tr><td>1</td><td>\$54,000</td><td>\$33,750</td></tr><tr><td>2</td><td>\$61,700</td><td>\$38,600</td></tr><tr><td>3</td><td>\$69,400</td><td>\$43,400</td></tr><tr><td>4</td><td>\$77,100</td><td>\$48,200</td></tr><tr><td>5</td><td>\$83,300</td><td>\$52,100</td></tr><tr><td>6</td><td>\$89,450</td><td>\$55,950</td></tr><tr><td>7</td><td>\$95,600</td><td>\$59,800</td></tr><tr><td>8</td><td>\$101,800</td><td>\$63,650</td></tr></tbody></table>	Persons in Household	Low 10%	Very Low 20%	1	\$54,000	\$33,750	2	\$61,700	\$38,600	3	\$69,400	\$43,400	4	\$77,100	\$48,200	5	\$83,300	\$52,100	6	\$89,450	\$55,950	7	\$95,600	\$59,800	8	\$101,800	\$63,650
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Total Annual Household Income (Gross) \$ _____	Effective June 2024																																													

Declaration & Signature

The information on this application and required documentation is used to determine and verify my eligibility for assistance. All information is confidential and is not shared with outside agencies.

I acknowledge that I have read and understand the contents of this application and will have the opportunity to ask questions at any time. Misrepresentation of information, failure to disclose ALL income or failure to provide additional documentation, including tax records, as requested may result in disqualification for low income discount. The information I have provided here is true and correct. I will pay back the discount if any of the information provided above is found to be untrue.

Signature (person whose name appears on bill)

Date

CITY OF RIPON USE ONLY
Approval Date
Signature

Required Document Instructions

For your protection, please “blackout” or conceal your Social Security Number and/or bank account numbers on all documents.

Provide proof of income for every member of the household

For this type of income or support	Please provide these documents (copies accepted, additional documents may be required)
Wages, salary, tips, commissions	Two most recent consecutive pay stubs, W-2 OR the first page of IRS 1040* form. If you have income on Line 8 of the 1040 form, please include Schedule 1
Interest or dividends from savings accounts, retirement accounts, stocks, bonds	The first page of IRS Form 1040* OR IRS Form 1099(s)
Social Security, Pensions, Disability Payments, Workers Compensation, Unemployment Benefits	Award letter(s) OR two most recent check stubs OR most recent bank statement (showing direct deposit) including printed name on bank statement
Cash income (if you have not filed State and/or Federal taxes)	A signed letter detailing the type of work, estimated monthly amount of cash payment, and employer name and phone number (if applicable)
Child and/or spousal support	Court documents OR two most recent pay stub(s)
Rental income, royalty income	The first page of IRS 1040* AND Schedule 1 OR rental agreement(s)
Self-employment	The first page of IRS 1040* AND Schedule 1 AND all Schedule C(s) OR a current 3-month profit and loss statement
School grants, scholarships or other aid	Current school year award letter(s)
Other Income	Support from third party of income received

*If 1040-SR tax document, please include the first and second pages

If the number of people in your household does not match the total persons claimed on your tax return OR if the total household income does not match the total income, please explain why:

[illegible]