



Application for Exemption from the Utility User's Tax* DISABLED LOW INCOME RESIDENTS

Total monthly gross income for ALL occupants of the residence shall not exceed the income level set by the City. This limit is reviewed and adjusted annually. All sources of income shall be included in determining the monthly gross income, including, but not limited to, salary and wages, interest and rental income, pension and Social Security, State Supplemental Income and Worker's Compensation.

In addition to meeting the income restriction set forth above, the head of household must be disabled for a period of not less than three (3) months. Such disability shall be certified by the resident's physician on Physician Form – Disabled Certification. (See Page 3)

The Applicant must reside at the service address.

The Applicant must fill out and sign the application.

The exemption goes into effect 30 to 60 days after the application is submitted to the City. (This is a utility company requirement.)

Application may be submitted at any of the following locations:

Norwalk Senior Center, 14040 San Antonio Boulevard
Alondra Social Services Center, 11929 Alondra Boulevard
Norwalk Housing Authority, 12035 Firestone Boulevard
Finance Department, Norwalk City Hall, 12700 Norwalk Boulevard, Room 6.

APPLICATION FORM ON PAGE 2
PHYSICIAN FORM – DISABLED CERTIFICATION ON PAGE 3

**UTILITY USER'S TAX EXEMPTION APPLICATION
DISABLED LOW-INCOME RESIDENT**

Please Print required information

Service Address:		Norwalk, CA 90650
Phone Number:		
	Name	Monthly Gross Income
Applicant:		
Spouse:		
Others Residing At Address:		
Total Monthly Gross Income for all Persons Residing at Address:		
Total Number Residing at Address:		
If address is a Mobile Home Park, please indicate name of Park:		
Daytime Telephone Number:		
Electric Provider		
Southern California Edison	Account No.:	
Name as it appears on the account:		
Gas Provider		
The Gas Company	Account No.:	
Name as it appears on the account:		
Telephone Service Provider		
Verizon	Account No.:	
Name as it appears on the account:		
Long Distance Telephone Service Provider		
Provider:	Account No.:	
Name as it appears on the account:		
Cellular Phone Service Provider		
Provider:	Account No.:	
Name as it appears on the account:		

I hereby declare under penalty of perjury that all information submitted with this application is true and correct to the best of my knowledge. Further, I agree to provide additional information or documentation as the Director of Finance deems appropriate or necessary to verify the information contained in the application.

Applicant's Signature

Date

Approved – City of Norwalk

Department

Date

*The City of Norwalk Utility user's Tax as adopted by the Norwalk City Council applies only to the following utilities: Electric, Gas, Telephone, Long Distance Carrier and Cellular Phone Service.

**Physician Form
Disabled Certification
Utility User's Tax Exemption**

Applicant's Name:	
Address:	
Physician's Name:	
Physician's Address:	
Physician's Telephone:	
State License Number:	

The dysfunction is due to the following disability: (Choose all applicable sections)

- Visual impairment such that, after best correction, vision in the better eye is not capable of distinguishing shapes to the extent that it would be severe hardship for a person to have to walk or negotiate steps.
- Cardio-vascular impairment resulting in marked limitation of physical activity. Less than ordinary physical activity causes fatigue, palpitation or anginal pain. Ordinary physical activity should be marked restricted.
- Severe respiratory impairment in which shortness of breath does not appear during times of rest but does occur during ordinary daily activities such as stair climbing. At the time of upper respiratory illness, it may become severe enough to require hospitalization.
- Inability to walk a distance of twenty (20) yards and/or negotiate steps because of musculoskeletal impairment, such as muscular dystrophy, osteogenesis imperfecta, or severe rheumatism or arthritis.
- Amputation of, or anatomical deformity (due to vascular or neurological deficits, or x-ray evidence of body or fibrous ankylosis) or instability of:
 - Both Hands
 - One hand and one foot
 - One lower extremity at or above tarsal region
- Neurological disorder due to brain dysfunction or damage to the central nervous system including cerebral palsy resulting in aberration of motor function.
- Paralysis, incoordination, or functional motor deficit in any two limbs due to brain, spinal or peripheral nerve injury, including paraplegia, quadriplegia, hemiplegia, etc.
- Epilepsy (convulsion disorder) involving impairment of consciousness that occur more frequently than once a month despite prescribed treatment.

Other: (Specify medical disorder and resultant restrictions of mobility.)

Certification:

I hereby certify that I am a licensed physician of the State of California and have knowledge of the above applicant. I have completed this application by checking all applicable disabilities and recommend that the City of Norwalk issue the Utility User's Tax Exemption to the applicant on the following basis:

Temporary disability (minimum of three months)
Estimated period of disability _____

Permanent disability

Physician's Signature

Date