

CITY OF HAWTHORNE  
UTILITY USER'S TAX EXEMPTION APPLICATION

Eligibility Requirements:

You may be exempt from paying Utility User's Tax for your personal residence if:

1. You are a resident of the City of Hawthorne, who is sixty-two years of age or older and is the head of household.
2. You are a resident of the City of Hawthorne who meets the criteria of disability as established by the Social Security Administration's Supplemental Security Income Program for the aged, blind and disabled (Title XLII of the Social Security Act as amended).

HOW TO APPLY FOR EXEMPTION:

If you meet the requirements stated above, you must complete all pages of this form and submit it with one recent bill showing your name and address for each utility for which an exemption is applied. Personally deliver or mail the completed form, together with bills, proof of age, or disability, to the Licensing & Code Enforcement's Office, 4455 W. 126<sup>th</sup> Street, Hawthorne, CA 90250. All bills, and any other supporting documents will be promptly returned.

CITY OF HAWTHORNE  
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Applicant's  
Name

\_\_\_\_\_  
Last First MI

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social Security Number

Address

\_\_\_\_\_

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_

\_\_\_\_\_  
Telephone Number

Applicant's Household income during last calendar year: \$ \_\_\_\_\_

\* \* \* \* \*

Household Members:

Relationship

Household Income

Name: _____	_____	_____
_____	_____	_____
_____	_____	_____

Total household income for applicant and household members \$ \_\_\_\_\_

CERTIFICATION: I declare under the penalty of perjury, that the foregoing is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

FOR CITY USE ONLY

SOURCE OF VERIFICATION:

Date of Birth: \_\_\_\_\_

Proof of disability \_\_\_\_\_

Other: \_\_\_\_\_

Checked By \_\_\_\_\_

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PLEASE PRINT ALL INFORMATION LEGIBLY

Applicant's

Name

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

MI

\_\_\_\_\_

Telephone Number

Address

\_\_\_\_\_

\_\_\_\_\_

\* \* \* \* \*

In the spaces provided below, please enter the name as shown on bills received from each utility company. Attach one recent bill from each utility listed for exemption.

\* \* \* \* \*

Local Telephone Company

Company Name \_\_\_\_\_

Customer

Name \_\_\_\_\_

Account Number \_\_\_\_\_

\_\_\_\_\_  
Long Distance Service Company

Company Name \_\_\_\_\_

Customer

Name \_\_\_\_\_

Account Number \_\_\_\_\_

\_\_\_\_\_  
Gas Company

Company Name \_\_\_\_\_

Customer

Name \_\_\_\_\_

Account Number \_\_\_\_\_

\_\_\_\_\_  
FOR CITY USE ONLY

I hereby certify that the above named utility companies are to exempt the listed accounts from the payment of utility tax within 60 days of the receipt of this notice.

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

CITY OF HAWTHORNE  
UTILITY USER'S TAX EXEMPTION APPLICATION

Applicant's  
Name

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

MI

\_\_\_\_\_

Telephone Number

Water Company

Company Name \_\_\_\_\_

Customer

Name \_\_\_\_\_

Account Number \_\_\_\_\_

---

---

Electric Company

Company Name \_\_\_\_\_

Customer

Name \_\_\_\_\_

Account Number \_\_\_\_\_

---

---

Time Warner Cable

Company Name \_\_\_\_\_

Customer

Name \_\_\_\_\_

Account Number \_\_\_\_\_

---

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Other Utility Account

Company Name \_\_\_\_\_

Customer

Name \_\_\_\_\_

Account Number \_\_\_\_\_

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APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_