



**APPLICATION
SANITATION RATE RELIEF PROGRAM
SPRING 2024**

Esta aplicación está disponible en español visitando <https://www.sonomawater.org/sanitation> y/o llamando al 707-521-1885 y/o escribiendo a SanitationProgram@scwa.ca.gov

The Districts and Zones offer a discount on Sewer Service Charges for low-income owner-occupied homeowners¹, who are billed a Sewer Charge on their property tax bill. If you are currently participating in PG&E’s CARE Program, you will be eligible for the Rate Reduction Program if you meet all the eligibility requirements listed below (#1-5). If you are NOT participating in the PG&E CARE Program, in addition to requirements #1-5, your household income² will be used to determine eligibility (#6).

ELIGIBILITY REQUIREMENTS

Are you currently participating in PG&E CARE Program? **Yes** If Yes, 1-5 applies **No** If No, 1-6 applies

1. Own your home and it is your primary residence.
2. Received a sewer service charge on your property tax bill.
3. You must apply for the program annually to continue to receive the reduced rate.
4. You must submit all the required documents listed below. Whiteout or blackout Social Security number on tax documents.
5. You must submit completed and signed application before or on deadline date of **July 10, 2024**.
6. Your total combined household income² **must not exceed** the Income Guidelines. (Non PG&E CARE Program Participants Only)

INCOME GUIDELINES			
Household gross income must not exceed the Income and Rent Limits (per Sonoma County Community Development Commission), effective June 6, 2023; Income Guidelines to qualify are 75% Area Median Income.			
1 person - \$67,425	3 persons - \$86,663	5 persons - \$103,988	7 persons - \$119,400
2 persons - \$77,025	4 persons - \$96,300	6 persons - \$111,713	8 persons - \$127,125

REQUIRED DOCUMENTS	
PG&E CARE Program Participant	Non PG&E CARE Program Participant
1. A copy of your current PG&E billing showing participation in the CARE Program.	1. A copy of your filed Federal tax return for 2023 or if you did not file taxes, include documentation to support income, such as social security statements, W-2 or 1099s (see household income ² definition).
2. A copy of your property tax bill (2023-2024)	2. A copy of your property tax bill (2023-2024)
3. A copy of completed and signed application.	3. A copy of completed and signed application.

¹ Owner-Occupied Homeowner – own your home and it is your primary residence.

² Household Income - All revenues from all household members, from whatever sources derived, whether taxable or non-taxable, including, but not limited to: wages, salaries, pensions, unemployment benefits, self-employment profit, disability payments, workers compensation, child or spousal support, interest or dividends from savings accounts, stocks, bonds, retirement accounts, rent or royalty income, cash income or gifts, scholarship, grants, or other aid used for living expenses, insurance or legal settlements, Social Security, SSI, SSP, food stamps or TANF (AFDC).

Spring 2024 Application for the Sanitation Rate Relief Program

APPLICANT INFORMATION

NAME (Please Print) _____ TEL. NO. _____

SERVICE ADDRESS _____ PARCEL/APN NO. _____

MAILING ADDRESS (If different from above) _____

Do you own and live in this home? Yes or No

INFORMATION REQUIRED FOR Non PG&E CARE Program Participants

How many persons live in this home? _____ (Please review the income guidelines and definition of income on the reverse side of this form to be sure all household income does not exceed the guidelines)

List Household Member Name	Relationship to Applicant	List Total Income From All Sources For Each Household Member
Total Money Received Annually By My Household Is:		\$

NOTE: If you need additional lines, please attach a separate sheet. For any dependents or other individuals in your household without income (i.e. children, elderly, non-working), please write the members full name and indicate "no income".

If you are a mobile home park owner or a landlord collecting rent, please provide evidence that you will pass through the rate relief savings to the residents paying rent.

REDUCED RATE: The reduced rate will be 50% of your total FY 24/25 Annual Sewer Service Charge.

I certify that the information provided on and with this application is true and correct to the best of my knowledge, under penalty of perjury, and that I meet the eligibility requirements for the program.

Signature of Applicant _____ Date _____

Please email, mail, or deliver the completed and signed application with the required documents to:

Sonoma Water
Attn: 2024 Sanitation Rate Relief Program
404 Aviation Boulevard, Santa Rosa, CA 95403

FOR ZONE USE ONLY

Eligible Ineligible

Date _____

For more information, call (707) 521-1885 or e-mail SanitationProgram@scwa.ca.gov

IMPORTANT: You must attach all the required documents with this application.