



ROSS VALLEY SANITARY DISTRICT

2960 Kerner Blvd., San Rafael, CA 94901

Budget Year 2019/20 Sewer Service Charge Assistance Program **Application**

From budget year 2019/20 onward, the Ross Valley Sanitary District Sewer Service Charge Assistance Program will be reflected as a 25% discount visible on your property tax form. There are a couple of factors to confirm eligibility for the Sewer Service Charge Assistance Program. This application is for one single-family residence, you must own and occupy the residence located within Marin County, and your annual **gross household income*** is not more than the Low-Income Limit for that applies to the number of family members.

Department of Housing and Urban Planning Low-Income Limits 2018 (Marin County)	
Household Size	Gross Annual Income Threshold
1	\$82,200
2	\$93,950
3	\$105,700
4	\$117,400
5	\$126,800
6	\$136,200
7	\$145,600
8	\$155,000

This application must be filed on or before June 30, 2019, for the 2019/20 budget year. Failure to file on time will result in rejection of your application unless good cause can be shown for failure to timely file. If approved, the sewer service charge assistance will only apply for one year. You must file a new application form for each year to remain eligible for the program.

All applicants must complete the following information (Please print clearly or type):

PROOF OF INCOME (Required)

Total Household Income* \$ _____

**Household Income is the combined gross income, taxable or non-taxable, for all persons who occupy a single-family residence and does not include Federal and State income tax adjustments, deductions, exemptions or credits.*

Please enclose in a sealed envelope a copy of your 2018 filed tax return (Form 1040, 1040A or 1040EZ) or PG&E bill showing participation in the CARE Program This form will be stamped and kept

“Confidential” and will only be used for determining your income qualification. **Please include only the page(s) showing income.**

CONTACT INFORMATION *(Required)*

Owner-Occupied Residential Parcel #: _____

(This 8 digit Parcel # can be found on the upper left hand corner of your Property Tax Bill)

Property Owner’s Name(s): _____

Property Address: _____

City & Zip: _____

Daytime Telephone: _____

Email: _____

SIGNATURE IS REQUIRED BELOW TO PROCESS APPLICATION

Under penalties of perjury, I/we certify that my/our household income is below the established low-income limits. The undersigned further understands that providing false representations herein constitutes an act of fraud.

Property Owner’s Signature: _____

Date: _____

Warning: This application is subject to verification and any misrepresentations could result in denial of the exemption.

MAILING ADDRESS (Before mailing, please make a photocopy for your records)

Please mail, fax, or email the completed application with attachments to:

**Ross Valley Sanitary District
c/o NBS
32605 Temecula Parkway, Suite 100
Temecula, CA 92592
Fax: (951) 296-1998
Email: customercare@nbsgov.com**

APPLICATIONS MAILED OR HAND-DELIVERED TO ROSS VALLEY SANITARY DISTRICT WILL NOT BE ACCEPTED

If you have any questions, please call NBS at 1-800-676-7516