

# City of Covina FY 25-26 Low-Income Guidelines

For Covina Water Customer and/or  
Utility User's Tax Exemption



City of Covina, Finance Division  
125 E. College Street, Covina, CA 91723  
Phone: (626) 384-5502 Fax: (626) 384-5499  
Website: <http://www.covinaca.gov>  
Email: [lee@covinaca.gov](mailto:lee@covinaca.gov)  
City Hall Hours: Mon-Thurs 7:00 am – 6:00 pm

## WHAT YOU NEED TO KNOW

1. You may qualify for exemption from the Utility User's Tax if you meet the income guidelines and provide the necessary documentation.
2. The program will only be made available to Single Family Residential customers with standard 5/8" or 3/4" metered service.
3. Upon approval, the utility companies listed on your application will be notified of your exempt status. Utility accounts must be under applicant's name.
4. Any tax paid prior to approval is not refundable.
5. Exemptions are approved for the current fiscal year only, which starts July 1 and ends June 30 of the following year. You must apply every year.
6. You may file an application at any time during the year; however, please allow at least 60 days for the City and utility companies to process your exemption. If approved, will receive an exemption only for the remainder of the fiscal year.
7. If all household members are not required to file a tax return, a notarized statement must be included in with your application along with adequate financial documents (bank statements, etc.) to assess your financial need.

## HOW TO APPLY

To participate in the Low-Income Utility User's Tax Exemption, you must:

- Confirm that the total gross income of all members of the household meets the low-income standards set by HUD for the applicable year (see table on page 2).
- Complete and submit an application. For assistance in completing this form, visit the Finance Division at City Hall, 125 E. College Street, or contact us by phone at (626) 384-5502, 7:30am to 1:30pm, Monday through Thursday.

**Section I:** Print or type your name, local street address, phone number, and the last four digits of your social security number.

**Section II:** Fill out all information that applies to your household. Include the number of **ALL PERSONS** residing in your household. Include household composition, and total household gross income from **ALL** sources and for **ALL** household members.

**Section III:** Fill out the name, utility service provider and utility account number as they appear on your monthly bill. Please enclose a photocopy of your most recent utility bill for which you are requesting an exemption. Exemption cannot be granted if utility bill is not the same as applicant's name.  
**UTILITY ACCOUNT NUMBERS NOT LISTED WILL BE TAXED.**

- Ensure that your application is completely filled out and signed.
- "Income" shall be defined as the combined gross income, whether taxable or non-taxable, of all persons who live in the household, and shall include, but not be limited to, the total gross wages, salary, gross business receipts and sales, rents, gains, profits, gifts, inheritances, retirement, public assistance, unemployment, trusts, stock earnings, royalties, alimony, child support, spousal support payments, welfare payments, Medicare, pensions, Social Security, veteran benefits, disability, and all other receipts whether received in cash, credits, property or services of any kind or nature during each calendar year prior to the fiscal year for which the applicant seeks an exemption.

Provide proof of current income by submitting copies of ALL the following that apply:

- Complete copy of Federal Income Tax Return for current year filed (individual and business schedules)
- Social Security Benefit Statement for previous year or Award Letter
- SSI Disability Award Letter
- Interest Income
- Last 3 Months of full Bank Statements (note: provide all pages of each statement)
- Other (see list of “Types of Income Received” table on page 2)
- If all household members are not required to file a tax return, the applicant must provide a **NOTARIZED LETTER**

➡ You will be notified when your application is approved; however, please allow 60 days for the City and utility companies to process your exemption.

➡ You must apply every year before **MAY 15** and be approved to continue your exempt status.

<b>2025 INCOME GUIDELINES</b> <i>(Income Guidelines subject to change)</i>	
<b>Household Size</b>	<b>Maximum Income from ALL Sources</b>
1	\$ 53,000
2	\$ 60,600
3	\$ 68,150
4	\$ 75,750
5	\$ 81,800
6	\$ 87,850
7	\$ 93,900
8	\$ 100,000

Source: HUD FY 2025 Income Limits

<b>Types of Income Received</b> <i>(may include but is not limited to)</i>	
• Salary, wages, etc ...	• Interest Income
• Supplemental Security Income	• Unemployment Insurance
• Social Security Benefits	• Investment Income
• Welfare	• Self-Employed
• Pension/Retirement/Annuity/IRA	• Alimony
• Child Support	• Rental Property
• Cash received from loans	• Sale of capital assets

**PLEASE NOTE:** Any service user who has been exempted shall notify the tax administrator within ten (10) days of any change in fact or circumstance which might disqualify said individual from receiving such exemption. It shall be a misdemeanor for any person to knowingly receive the benefits of the exemption provided when the basis for such exemption does not exist or may cease to exist.



**City of Covina**  
**Low-Income Application**  
 Covina Water Customer and/or  
 Utility User's Tax Exemption

*Fill out and return with copies of required documents to:*  
**City of Covina, Finance Division**  
 125 E. College St.  
 Covina, CA 91723

**SECTION I.**

1. Applicant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 2. Street Address \_\_\_\_\_ 3. City \_\_\_\_\_  
 4. State \_\_\_\_\_ 5. Zip Code \_\_\_\_\_ 6. Home Phone \_\_\_\_\_ 7. Cell Phone \_\_\_\_\_  
 8. Last 4 digits of Social Security Number \_\_\_\_\_ 9. Please Check One:  New Application  Renewal Application

**SECTION II.**

HH Mbr#	Members of Household (First and Last Name)	Relationship	Date of Birth (MM/DD/YYYY)	Age	F/T Student (Y or N)	Annual Income Before taxes	Tax Return Filed (Y or N)
1	<u>Applicant's Name:</u>						
2	<u>Who is living with you:</u>						
3							
4							
5							

Attach separate sheet if household is more than five (5)

**PLEASE ATTACH COPIES OF ALL DOCUMENTS TO SUPPORT REPORTED INCOME**

**SECTION III.**

*Complete all applicable information below including all account numbers.  
 Account and telephone numbers not listed will be taxed.*

**ELECTRIC**

Name on Account \_\_\_\_\_  
 Service Provider \_\_\_\_\_ Account No. \_\_\_\_\_

**GAS**

Name on Account \_\_\_\_\_  
 Service Provider \_\_\_\_\_ Account No. \_\_\_\_\_

**WATER**

Name on Account \_\_\_\_\_  
 Service Provider \_\_\_\_\_ Account No. \_\_\_\_\_

**APPLICATION MUST BE RENEWED ANNUALLY**

**CELL PHONE**

Name on Account \_\_\_\_\_

Service Provider \_\_\_\_\_

Account No. \_\_\_\_\_

Account Ph. No. \_\_\_\_\_

**LANDLINE TELEPHONE**

Name on Account \_\_\_\_\_

Service Provider \_\_\_\_\_

Account No. \_\_\_\_\_

Account Ph. No. \_\_\_\_\_

*I declare under penalty of perjury that the information provided in this application is true, accurate, and complete. I understand that I must renew my application and verify my income annually and will notify the City within 10 days of any change in fact or circumstance which might disqualify me from this exemption.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If all members of your household are not required to file a tax return, you must provide a **NOTARIZED LETTER**.

**Office use only:**

HH Mbr # with income	All documents provided to support income (Y or N)	If no, Date Customer was contacted for missing document	Source of Income	Calculated Income
Total Income Calculated:				

Date Application Received	Eligible		Approval Date	Recipient of:			Expiration Date
	YES	NO		CalFresh/CalWorks	Y	N	
				WIC	Y	N	
				Medi-cal	Y	N	

**APPLICATION MUST BE RENEWED ANNUALLY**