



Senior Discount Program

Residential Customers

Phone (209) 456-8740 • Fax (209) 923-8930 • utilitystart@manteca.gov

You and your household

Account number (Find yours on the top right-hand of your bill)

Account holder's name(s) (Use the name as it appears on your account, which must be in your name.)

Your home address (Address must be your primary residence. Do NOT use a P.O. Box)

City/State/Zip Code

Email Address

Preferred phone number

Home Work Mobile

Number of people in your household at this address:

Adults	+	Children (under 18)	=	Total
--------	---	---------------------	---	-------

Alternative phone number

Home Work Mobile

Household qualification

A copy of the most recent 1040 federal income tax form demonstrating income eligibility, and/or social security annual statement, for each member of the household that earns income.

Attach a copy of my government issued ID for the qualifying senior.

New Renewal

Your declaration

By signing this declaration, I hereby certify that all statements on this application are true and complete to the best of my knowledge. I understand that any false statements or omissions may subject me to disqualification and or revocation to participate in this program.

I acknowledge that I have read and understood the contents of this application. I also agree to follow the terms and conditions of the program, including the following:

1. I am sixty years of age or older
2. I am the, or one of the, utility account holder(s)
3. I am not claimed as a dependent on another person's income tax return other than my spouse.
4. I will notify the Finance Department immediately if my household is no longer eligible.
5. I understand that I am required to provide proof of household income.
6. I understand I must complete and submit an application annually before July 15th to continue receiving discounts.
7. I understand that I may be switched or dropped from the program if I submit information, or the city receives information, from other programs which deem me ineligible.

I declare under penalty of perjury that the information provided in this document is true and correct to the best of my knowledge and belief.

Household income

My household income is:

Total gross annual household income. Please account for all income from every household member.

Number of people in household	Total gross annual household income*
1-2	\$40,880 or less
3	\$51,640 or less
4	\$62,400 or less
5	\$73,160 or less
6	\$83,920 or less
7	\$94,680 or less
8	\$105,440 or less
Each additional person	\$10,760

*Total gross annual household income includes all taxable and non-taxable revenues from all people living in the home, from whatever sources derived, including, but not limited to, wages, salaries, interest, dividends, spousal and child support payments, public assistance payments, Social Security and pensions, housing and military subsidies, rental income, income from self-employment and all employment-related, non-cash income.

Customer Signature

Date

Customer Signature

Date