



City of Torrance  
 Finance Department – Revenue Division  
 Low Income Senior or  
 Low Income Permanently Disabled  
 UUT Exemption Application

## Low Income Senior or Low Income Permanently Disabled Utility User's Tax Exemption Application

### Applicant Information

Name: Last			First			Middle		
Date of Birth:			SSN:			Phone:		
Current Address:						Apt. #		
City:			State:			ZIP:		
Number of persons residing at this location:					Today's Date:			

### Utility Account Information

**A copy of a recent billing from each utility is required showing name, address and account number.**

City of Torrance Utilities	Account Number:	
California Water Service	Account Number:	
Southern California Edison Co.	Account Number:	
Southern California Gas Co.	Account Number:	
Spectrum (Cable TV)	Account Number:	
Verizon or AT&T <small>(circle one)</small>	Account Number:	
Other Long Distance Carrier; Company Name:	Account Number:	

### Spouse Information

Name: Last			First			Middle		
If any of the utility accounts are in your deceased spouse's name, please check here: <input type="checkbox"/>								

### FOR CITY USE ONLY

I certify that the above named utility companies are to exempt the listed account numbers from collection of the City of Torrance Utility User's Tax within 60 days of receipt of this form.

Signature:	Date:
Reviewed by:	Processed by:

Return completed form and documentation to:  
 City of Torrance, Finance/Revenue Division-UUT  
 3031 Torrance Blvd.  
 Torrance, CA 90503  
 Or via Email: [revenue@torranceca.gov](mailto:revenue@torranceca.gov)

You <i>may</i> be exempt from paying the City of Torrance Utility User's Tax on your <i>personal residence</i> for a renewable period of no more than two years IF you provide proof of the following:			
1) Your total gross household income is no greater than \$39,125 for the prior calendar year (indexed each year)			
<b>AND</b>			
2) You are a minimum of 62 years of age or you are permanently disabled			
<b>Gross Income Eligibility Verification</b>			
Income is ALL GROSS INCOME received in the prior calendar year for <i>all household members</i> , including, but not limited to, Social Security, Pensions/Retirement, Interest/Investment income, Salaries/Wages, Rents received, Commissions, Capital Gains. You are required to provide proof of gross income from all sources.			
Applicant Gross Inc:	Source:	Total Received: \$	
	Source:	Total Received: \$	
	Source:	Total Received: \$	
	Source:	Total Received: \$	
TOTAL GROSS INCOME FOR APPLICANT:		\$	
Household Members Gross Income:			
Name/Relation:			
	Source:	Total Received: \$	
	Source:	Total Received: \$	
	Source:	Total Received: \$	
	Source:	Total Received: \$	
TOTAL GROSS INCOME FOR OTHER HOUSEHOLD MEMBERS:		\$	
TOTAL GROSS INCOME FOR HOUSEHOLD:		\$	
<b>Age / Disability Eligibility Verification</b>			
<b>AGE:</b> Please provide a photocopy of one of the following: CA Drivers License      CA Identification      Birth Certificate Medicare Card <input type="checkbox"/> Other <input type="checkbox"/> Type _____			
<b>DISABILITY:</b> Proof of permanent disability in the form of a physician's statement    or in person    (if due to loss of limb)			
<b>APPLICANT CERTIFICATION</b>			
I HEREBY DECLARE, under penalty of perjury, that all information submitted with this application is true to the best of my knowledge and belief. I also acknowledge this exemption is good for two years, or until I no longer meet the eligibility requirements. If I no longer meet the eligibility requirements, I understand it is my responsibility to immediately report this to the City of Torrance, Revenue Division, and that I may be held liable for any amounts exempted after my eligibility expired.			
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 80%;"> <p><b>X</b> _____</p> <p>SIGNATURE</p> </div> <div style="width: 15%; text-align: right;"> <p>_____</p> <p>DATE</p> </div> </div>			

If you need additional assistance, please call the City of Torrance Revenue Division at (310) 618-5830 or email at [revenue@torranceca.gov](mailto:revenue@torranceca.gov)

# Low Income Senior or Low Income Permanently Disabled Utility User's Tax Exemption Application Information and Instructions

**What is the Utility User's Tax?** The Utility User's Tax (UUT) is a tax imposed upon City residents for the use of utilities (Water, Gas, Electricity, Cable and Telephone or Teletypewriter (including mobile and cellular)). The current tax rate is 6.0% for Water and 6.5% for all others.

**How do I qualify for exemption from the City of Torrance's UUT?** You may be eligible for exemption from the UUT on your personal residence if you meet the following criteria:

1. Your total gross household income was \$39,125 or less for the prior calendar year.

**AND**

2. You are a minimum of 62 years of age or you are permanently disabled.

**How do I qualify for the low-income and senior/disabled sanitation rates?** Apply for the low income and senior/disable program using this application form. Once you sign the form you are agreeing to have the 64 gallon black container switched out if you previously had a 96 gallon black container. If the application is approved and you have a 96 gallon container sanitation will switch it out on your regular trash pick-up day for a 64 gallon container, **NO** exceptions. The low income program rate is for the 64 gallon container only. If you have any questions on the change of container sizes please contact City of Torrance Customer Service at 1-855-354-5623.

**What is a "personal residence"?** The exemption only applies to the home YOU live in, which is your personal residence. The exemption only applies to the person who fills out the exemption application. Therefore the utilities must be in the applicant's name (or the name of their qualifying spouse) and the service address must be the same as the applicant's address.

**What constitutes "gross household income"?** Gross household income is ALL GROSS INCOME received in the prior calendar year by ALL PERSONS residing in the home including, but not limited to, Social Security, Pension/Retirement, Interest/Investment Income, Salaries/Wages, Rents received, Commissions, Capital Gains, etc. You are required to provide proof of gross income from all sources.

**What is "permanently disabled"?** According to US Code Title 42, Chapter 7, Section 423(d)(1)(A) Disability is defined as "[The] inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months."

This is the definition of Disability utilized by the Social Security Administration in determining eligibility for Supplemental Security Income Qualifications.

**How long is the exemption good for?** The exemption is valid for two years, at which time you may reapply for another two year exemption, provided you meet the eligibility requirements at that time.

Return completed form and documentation to:  
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Torrance, CA 90503  
Or via Email: [revenue@torranceca.gov](mailto:revenue@torranceca.gov)

When completing the Exemption Application, please keep the following in mind:

1. You must provide a copy of a recent utility billing from each utility you are requesting exemption from. This copy must show the account number, account holder's name and address.
2. You must provide proof of age. Acceptable proof is from California driver's license or ID, Medicare card or Birth certificate. Other forms may be acceptable, please feel free to ask.
3. You must provide proof of all gross income from all sources for the prior calendar year.
4. Make sure you complete both sides of the form, sign and date where indicated.

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