



# Senior/Disabled Low Income Discount

The City of Modesto Senior/Disabled low income discount program provides a 25% discount on the water, sewer, storm drain and garbage. The qualifications for the program are as follows:

1. The applicant for the program must be listed on the City of Modesto utility bill.
2. The applicant must be over the age of 60 or permanently disabled AND total household income cannot exceed \$28,750 annually.
3. The Senior/Disabled low income discount is only applicable to individually metered households. If you live in a multifamily structure serviced by one master or shared meter, then this program is not applicable.
4. Please allow 4-6 weeks for processing once your application has been submitted and approved.
5. You must recertify your eligibility for this program every other year. Renewal notices will be sent to you.

## 1. Account Information

Applicant Name (as it appears on your City of Modesto bill)		
Service Address		
City	Zip Code	
Mailing Address (if different than service address)		
City	State	Zip
City of Modesto Account #	Contact Phone Number	
Date of Birth		
List of all persons living in home, 18 years of age or older:		

### How to Apply

1. Enter your City of Modesto utility account information.
2. Please attach the required documentation:
  - Copy of most recent City of Modesto utility bill**
  - Proof of age** (copy of CA Driver License, ID or Birth Certificate)
  - Proof of Total Monthly Income** (Ex: copy of SSI Benefit Letter, W2, Tax Return, copy of last paycheck stub)

**OR**

  - Proof of Total Monthly Income with Disability** (Ex: copy of SSI Benefit Letter)
3. Sign, date, and return application with required documentation to:
 

**CVOC – Central Valley Opportunity Center**  
**1801 H St. Suite A 4-6**  
**Modesto, CA 95354**  
**(209) 577-3210**

**\*\*Incomplete applications will not be processed\*\***

NEW       RENEWAL

Household income includes money from all household members (taxable or non-taxable) including but not limited to:

Wages	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Interest Income	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Unemployment Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Rental or royalty income	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
SSI, SSP, SDI	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Legal settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Scholarships or Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Spousal Support	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Other income (explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
Self-employed	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____		

**Note:** The City of Modesto will not accept bank statements as proof of gross income. If you need a copy of your SSI Benefits Verification Letter, please contact Social Security at [www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount) or by calling 1-800-772-1213.

## 3. Declaration and Signature

The information on this application along with the required documentation will be used to determine eligibility for assistance. By signing below, I certify that all information provided on this application, and the supporting documents is true and correct. I understand that I am responsible for notifying the City of Modesto if my income increases above the qualifying income level, that my eligibility for this discount is subject to audit, and that if I receive the discount without qualifying for it I may be required to pay back all discounts inappropriately received.

I understand that certification for **this discount program is valid for TWO YEARS**, and that **I must submit a new application when this one expires.**

\_\_\_\_\_  
**Signature** (person whose name appears on City of Modesto bill)      Date

CITY Use Only  
 Approved       Denied