



# City of Daly City

## Utility Rate Assistance Program

153 Lake Merced Blvd, CA 94015 (650) 991-8200

Program  
Year  
FY-26

### 1 You and Your Household

\* required field

**Applicant Name\*** (Use the name as it appears on your Daly City Utility Bill.)

**Account Number**

**Service Address\*** (The address where utility service is provided.)

**City\***

**State\***

**Zip Code\***

( ) -

**Primary Phone**

**Email Address**

( ) -

**Alternate Phone**

**Property Owner\***:  Yes  No

**Number of people living at this address:**

**Adults**

**Children**

(under 18)

=

### 2 Household Qualifications

**Gross Annual Household Income:\***

(Add all income from each household member. Gross income is before deductions and taxes.)

Can anyone claim you on his/her tax return?:  Yes  No

<b>People in Household</b>	<b>Income Levels</b>
1	\$65,300
2	\$74,650
3	\$83,975
4	\$93,300
5	\$100,775
6	\$108,225
7	\$115,700
8	\$123,150
For Each Additional Person Add	\$7,950

### 3 Declaration & Self Certification

**By signing this declaration, I certify that based on my household size and income I qualify for Daly City's Utility Rate Assistance Program.**

I acknowledge that I have read and understand the contents of this application, and agree to the program terms and conditions in order to remain eligible for the program.

1. I reside at the address and the Daly City water/garbage utility bill is in my name.
2. I will notify Daly City if my household is no longer eligible.
3. I understand I am required to provide proof of household income.
4. I will pay back the discount if any of the information provided is untrue.
5. To the best of my knowledge the information I have provided here is true and correct.

**FOR INTERNAL USE ONLY**

Date Received: \_\_\_\_\_

Status: \_\_\_\_\_

A  D

Status Date: \_\_\_\_\_

**Applicant Signature**

**Date**

## 4 Submitting Your Application

- 1 Complete the application form in steps 1, 2, and 3.
- 2 Make copies of all documents showing proof of income (Do not submit originals, documents will not be returned)
- 3 For your protection, please BLACK OUT or HIDE your Social Security and bank account numbers on all copies of documents.**
- 4 Enclose this application and all supporting documents in an envelope and mail or deliver to:

City of Daly City - DWWR  
Attn: Utility Rate Assistance Program  
153 Lake Merced Blvd  
Daly City, CA 94015

**or** email to: [dwwr@dalycity.org](mailto:dwwr@dalycity.org)

## Terms and Conditions

- 1 Gross income must not exceed San Mateo County 50% area median income limits.
- 2 The Daly City Utility Bill must be in the name of the applicant or additional contact names on the account.
- 3 The applicant must reside at the address to which the rate assistance is requested.
- 4 You must not share a water meter with another home or dwelling unit.
- 5 You must account for all sources of qualifying household income and meet the program income guidelines.
- 6 You must notify Daly City within 30 days if your household no longer qualifies for this program.
- 7 You must not be claimed as a dependent on someone else's tax return.
- 8 Applications must be complete and include copies of all qualifying documentation.
- 9 Assistance is not transferable to other properties or applicants.
- 10 You must reapply annually and each time you move.
- 11 The Utility Rate Assistance Program is not retroactive to previous fiscal years.
- 12 Applications will be reviewed in the order received and will be processed within 60 days of being received.
- 13 If approved the rate assistance will become effective on the next billing statement and the applicant will not receive the current fiscal year rate increase for water, sewer, and solid waste services.
- 14 Applicants can apply at any time throughout the year, however, applications will be accepted and processed in the order they are received and approved contingent on the availability of funds.
- 15 Participants in the program are subject to random audits throughout the year and may be asked to submit additional documentation supporting their eligibility.

## Income Documents Guide

The list below lists acceptable forms of proof of income.

**You must send copies of documents for each household member receiving income or aid.**

### Types of Income:

- 1 Wages, Salaries, Tips, Commissions
- 2 Pensions, Social Security, SSP, SSDI, Disability Payments, Workers Compensation, Unemployment Benefits, VA Benefits, Foster Care Payments
- 3 School Grants, Scholarships, Other Aid
- 4 Child and/or Spousal Support
- 5 Rental and/or Royalty Income
- 6 Profit from Self Employment
- 7 Interest and/or Dividends

### Send a copy of:

1 Wages, Salaries, Tips, Commissions	Two most recent check stubs or W2 or IRS Form 1040
2 Pensions, Social Security, SSP, SSDI, Disability Payments, Workers Compensation, Unemployment Benefits, VA Benefits, Foster Care Payments	Award letter(s) or two most recent check stubs or the most recent bank statement (to show direct deposit)
3 School Grants, Scholarships, Other Aid	Award letter(s) or two most recent check stubs
4 Child and/or Spousal Support	Court Documents or two most recent check stubs
5 Rental and/or Royalty Income	IRS Form 1040 and Schedule E for rental income
6 Profit from Self Employment	IRS Form 1040 and Schedule C
7 Interest and/or Dividends	IRS Form 1040 or IRS Form 1099 OR three bank statements