

# CITY OF HAYWARD LOW INCOME DISCOUNT / WAIVER APPLICATION

*(Please see the other side for additional information)*

Name:	<b>Hayward Water System Account #:</b>
Address:	<b>Emergency Services Facilities Tax (Excise Tax) Account #:</b>
	Date moved in: Date moved out:
Email:	<b>Administrative Hearing Case #:</b>
Phone number:	<b>Waste Mgmt of Alameda Co (must reside within Hayward City Limits) Account #:</b>
Number of persons in household, including applicant, family members & roommates:	Utility User Tax exemptions (5.5%): <b>PG&amp;E #:</b>

Resident Information (applicant, family members, roommates)			If you or a member of your household receive CalWORKS, CalFresh, general assistance, Medi-Cal, or SNAP/WIC, indicate the benefit (one only) next to the recipient, provide proof, and skip the next section (Total Gross Income).	Total Gross Income* (Enter monthly amount; <b>documentation for each income source is required</b> )			
Name	Age	Relationship to applicant		Gross Wages	Housing Assistance	Rental Income & Other Income	Total
1.							
2.							
3.							
4.							
5.							
6.							
7.							
				<b>Total Monthly Income</b>			
				<b>Total Annual Income</b>			

*I certify under penalty of perjury that the information supplied on this document is true and correct.*

<i>Head of Household Signature</i>	<i>Date</i>
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For office use only			
Approved? (Y/N) / Reviewed By:	Date of Approval/Denial:	Entered by:	Date of ET Adjustment & Initials:

## CITY OF HAYWARD LOW INCOME DISCOUNT / WAIVER APPLICATION

**Garbage Collection Fee Discount:** The Hayward City Council passed a mandatory trash collection ordinance requiring all Hayward residents to subscribe to garbage collection service. Approved applicants must reside within the Hayward city limits to receive this discount.

**Hayward Water System Discount:** Approved applicants receive a discount on their Meter Service charge and Emergency Services Tax each billing period.

**Emergency Services Facilities Tax Exemption:** The ESFT is a general tax levied on all residences and businesses in the City of Hayward. Approved applicants are exempt from this tax.

**Administrative Hearing Deposit Waiver:** Approved applicants have the hearing deposit requirement waived.

**Utility User Tax Exemption:** The tax is waived on participating agencies (an annual UUT Exemption Refund request may be necessary).

When calculating the total gross income\*, it must include the total income for everyone residing at the address and include documentation for each person's income. **Your application will not be processed without the documentation(s) verifying your gross income or proof of government benefits.**

**Eligibility:** Applicant is eligible for discount and waiver if any member of the household is a current recipient of CalWORKs, CalFresh, general assistance, Medi-Cal, Supplemental Security Income/State Supplementary Payment Program, or California Special Supplemental Nutrition Program for Women, Infants, and Children, or the income is under the below rates. Proof of one of these benefits is required. You do not need to provide proof of income if you provide proof of benefits.

For proof of other income/financial assistance, acceptable documentation may include, but are not limited to the following:

- ❖ Copy of IRS return for the previous year (first page only showing income)
- ❖ Copy of a recent pay stub
- ❖ Copy of housing assistance statement

Completed application & supporting documents may be sent to:

City of Hayward Revenue Division  
777 B Street  
Hayward, CA 94541

Phone (510) 583-4610      TDD (510) 247-3347  
Email: HSS@hayward-ca.gov

<i><b>GROSS INCOME REQUIREMENTS*</b></i>		
<b>\$54,500</b> per year – 1 Person Family	<b>\$77,850</b> per year – 4 Person Family	<b>\$96,550</b> per year – 7 Person Family
<b>\$62,300</b> per year – 2 Person Family	<b>\$84,100</b> per year – 5 Person Family	<b>\$102,800</b> per year – 8 Person Family
<b>\$70,100</b> per year – 3 Person Family	<b>\$90,350</b> per year – 6 Person Family	<b>+ \$9,228</b> for each additional person

\*Gross income is the **total income of every person residing at the address (family and roommates)**, from whatever source before deductions, whether taxable or non-taxable, including but not limited to wages, salaries, interest, dividends, spousal or child support payments, public assistance, housing assistance, social security, pensions, and any income from self-employment, including rental property income. Rates effective 4/1/2024.