CITY OF MONROVIA
CALIFORNIA

Administrative Services Department
Phone: (626) 932-5517
Email: watercustomersvs@monroviaca.gov
Business Hours: Monday - Thursday 7am - 6pm, Friday 7am - 5:30pm

Water Service Discount Application

PLEASE PRINT CLEARLY

Drop off or mail completed application along with copies of required documents. Please allow 4-6 weeks to process your application.

- **Applicant's name must appear on the Municipal Utility Bill.**
- **The applicant must be a resident of a single-family dwelling unit within the City of Monrovia.**
- **Applicant must live on the property.**

APPLICANT INFORMATION

Name:	Customer Number:
Address:	Account Number:
Email Address:	Primary Phone Number:

AVAILABLE DISCOUNT PROGRAMS AND REQUIREMENTS (PLEASE SELECT ONE)

☐Senior – 5% discount

- Applicants must be 65 years or older
- Copy of a valid government issued ID as proof of residency

☐Senior and Low Income – 25% discount

- Applicants must be 65 years or older
- Copy of a valid government issued ID as proof of residency
- Household income must be at or below 50% of Los Angeles County median income level
- Provide copies of your Federal Tax Returns as proof of your current household income

☐Low Income – 25% discount

- Copy of a valid government issued ID as proof of residency
- Household income must be at or below 50% of Los Angeles County median income level
- Provide copies of your Federal Tax Returns as proof of your current household income

☐Veteran - 25% discount

- Applicant served in a branch of the US Armed Forces
- Applicant must provide a copy of the DD Form 214, Certificate of Release or Discharge from Active Duty
- Copy of a valid government issued ID as proof of residency

INCOME LIMITS FOR LOW INCOME PROGRAMS (2024)

Household member information (Please list all occupants)			Number of Persons in Household	Total Annual Household Income
Name	**Age**	**Annual Income**		
		$	1	$48,550
		$	2	$55,450
		$	3	$62,400
		$	4	$69,350
		$	5	$74,900
		$	6	$80,450
		$	7	$86,000
		$	8	$91,550

Source: HUD FY 2024 Income Limits

I declare, under penalty of perjury, that the information I have provided in this application is true and correct. I agree to provide proof of eligibility. I agree to inform the City of Monrovia if I no longer qualify to receive the discount and I understand that if I receive the discount without qualifying for it, I will be required to reimburse the City for all ineligible amounts. Discount applies to water consumption, water meter service, and sewer service only.

Signature: _____ Date: _____

OFFICE USE ONLY	
☐Approved ☐Denied	Reason:
By:	Effective Date: