## OF LOS ANGEROS

ELIZABETH BUENROSTRO GINSBERG
TREASURER AND TAX COLLECTOR

## COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

## UTILITY USER TAX SENIOR CITIZEN EXEMPTION APPLICATION FORM

Board of Supervisors
HILDA L. SOLIS
First District
HOLLY J. MITCHELL
Second District
LINDSEY P. HORVATH
Third District
JANICE HAHN
Fourth District
KATHRYN BARGER

**Fifth District** 

The Los Angeles County Code, Utility User Tax, Section 4.62.050 states, the tax shall not apply to any person who is head of a household and both 62 years old or older and receives Supplemental Security Income (SSI) benefits. To qualify for the exemption, the person shall file an application in the form, time and manner prescribed by the Tax Administrator. The Tax Administrator shall, within 60 days of receipt of an application for exemption, determine whether the exemption is granted, and if so, notify the service supplier. The exemption granted to a person pursuant to this section shall become effective on the beginning of the first regular billing period which commences after the Tax Administrator has notified the service supplier that an exemption has been granted.

## PLEASE PRINT Only last 4 digits are needed Applicant's Name: Social Security Number Last First Address: Street Name Apt. No. Number City State Zip Telephone: ( ) E-mail address: Area Code Important Information: You must include a copy of a valid supplemental social security income benefits letter to qualify. To protect your privacy, you should black out all but the last four digits of the social security number on the letter. Please attach a copy of a recent utility bill from each utility supplier for which you are requesting an exemption. Exemptions are valid only for utility services for which a recent bill is received by the Tax Administrator. If you change utility supplier(s) at any time, you must complete a new Exemption Application Form to receive an exemption for the new utility service. In the space below, fill in the information and attach a recent copy from each utility supplier for which you are claiming an exemption. **Electric Service Supplier:** Name: Account number:

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Gas Service Supplier:		
Name:		
Account number:		
Communications Service Supp	olier:	
Name:		
I HEREBY CERTIFY UNDER P FORM IS TRUE AND CORRECT		JURY THAT THE INFORMATION IN THIS
Signature:		Date:
This form is to be signed, dated a	and returned with su	pporting documents to:
LOS ANGELES COUNTY TREA KENNETH HAHN HALL OF AD 500 WEST TEMPLE STREET, R LOS ANGELES, CA 90012	MINISTRATION	COLLECTOR
The exemption granted shall bed which commences after the date		e beginning of the first regular billing period Fax Administrator.
If you have any questions or r 8 am to 4 pm PT or e-mail us at g		lease call (213) 893-7984, Monday-Friday <u>v.</u>
The Los Angeles County Utility Use Code. Refer to <a href="http://www.municode">http://www.municode</a>		Fitle 4, Chapter 4.62 of the Los Angeles County Angeles County.
For more information, please refer to	o the UUT website at	https://ttc.lacounty.gov/uut/.
TTC USE ONLY		
Source of verification:		
Date of birth:	SSI-ID:	
Approved by:		Date:
Service Suppliers Notified:	Ву:	Date:

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