



# RESIDENTIAL SEWER PAYMENT ASSISTANCE PROGRAM APPLICATION

Applicant name (first and last)

Daytime Phone

Email

Parcel Number

Sewer Bill Account Number

Service Address

Own

Rent

Single-family

Accessory Dwelling (ADU)

Condominium

Townhome

Residence Type:  Multifamily

Apartment

Duplex

Other: \_\_\_\_\_

Mobile home

## SEWER PAYMENT ASSISTANCE PROGRAM AGREEMENT

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I am personally responsible for the payment of the sewer service, and I personally receive and pay for such service at the above address which is my primary residence.

City of Salinas Residential Sewer Payment Assistance Program is non-transferable. Program recipients must notify City of Salinas if the service address changes.

Signature

Date

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## DECLARATION OF TENANT RESPONSIBILITY FOR UTILITY SERVICES

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. That I am personally responsible for the payment of the sewer service, and I personally receive and pay for such service at the above address which is my primary residence. Rent agreement for the subject residence is valid through (enter date your lease ends) \_\_\_\_\_. Further, I certify that I am not currently receiving benefits under the City's Affordable Income and Rent Limits Programs and do not receive Section 8 Housing Choice Voucher, and I meet the eligibility requirements for the Sewer Payment Assistance Program.

Signature

Date



# RESIDENTIAL SEWER PAYMENT ASSISTANCE PROGRAM APPLICATION

## PROGRAM INFORMATION:

The City of Salinas Residential Sewer Payment Assistance Program (the “Program”) provides qualifying residential ratepayers with a one-time annual payment equal to 15% of the cumulative City Sewer System charges for the fiscal year (July 1 – June 30). Salinas sewer customers may apply for this assistance each year. Program Applications will be reviewed and, if approved, processed in the order in which they are received, to the extent funds are available.

## ELIGIBILITY REQUIREMENTS:

- Application shall be for one residence only (own or rent!).
- Applicant must either possess a copy of the sewer utility bill or complete the ‘Declaration of Tenant Responsibility for Utility Services’ section included in the Program Application.
- Proof of enrollment in PG&E’s California Alternate Rates for Energy (CARE) Program.

†Tenants participating in the City’s Affordable Income and Rent Limits Programs or Section 8 Housing Choice Voucher Program receive a utility allowance which exceeds the sewer rate and are not eligible for this Program.

## APPLICATION CHECKLIST:

- Completed and signed application.
- Sewer utility bill, or, completed “Declaration of Tenant Responsibility for Utility Services” if sewer utility bill is not in your name and you pay for it indirectly through your rent.
- Copy of recent PG&E bill showing enrollment in the CARE Program.
- Copy of your current identification card or driver’s license. (ID and/or driver’s license name and address must match the PG&E bill).

You have the following options to submit the application and required documents.

Email:

[FinanceDept@ci.salinas.ca.us](mailto:FinanceDept@ci.salinas.ca.us)

Mail or in person:

City of Salinas Finance Department  
200 Lincoln Avenue, Salinas, CA 93901  
Monday - Friday 8:00 a.m. to 5:00 p.m.

If you have questions regarding the Sewer Payment Assistance Program or would like to check the status of your application, contact the City of Salinas Finance Department by emailing [FinanceDept@ci.salinas.ca.us](mailto:FinanceDept@ci.salinas.ca.us) or by calling (831)758-7211.