APPLICATION FOR REDUCED SEWER SERVICE CHARGE

City of Chula Vista | Finance Department
276 Fourth Avenue
Chula Vista, CA 91910
(619) 691-5117 | cvsewer@chulavistaca.gov

Please complete front and back pages of this form **AND** submit supporting documentation. The application period is from **Monday, April 13, 2026 at 8:00 am to Friday, May 15, 2026 at 12:00 pm.** If you have any questions regarding this application, please call (619) 691-5117 for assistance.

1. Account Holder Name**:** _____
   Last First MI
2. Account Address: _____
   Street City State Zip Code
3. Phone: _____ Email: _____ Contact Preference: Phone ☐ Email ☐
4. Sewer Charges Billed by: Otay Water District ☐ City of Chula Vista ☐ Property Taxes ☐
5. Account Number: _____
   Ex: Otay Water District (123-4567-89); City of Chula Vista (123456-000). If billed through property taxes, enter the Assessor's Parcel Number (APN) which can be located on your annual property tax bill.
6. Total Household Members: ____ Number of Adults (18+): ____ Number of Minors (17 and under): ____
7. Household Gross Annual Income: $ _____

YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING ITEM(S):

1. A completed, signed, and dated Application for Reduced Sewer Service Charge.
2. Proof of income for **each adult household member**; acceptable documents are as follows:
   - Copy of 2025 IRS Form(s) 1040. You must provide the first and second page.
   - If 2025 taxes were not filed, provide copies of all 2025 Form(s) W-2 and/or Form(s) 1099.
   - If a 2025 W-2 or 1099 were not received, provide a copy of final paystub(s) received in 2025.
   - If Social Security Benefits were received, provide a copy of a 2025 Statement of Benefits. If received by direct deposit, provide a copy of a 2025 bank statement reflecting benefits.
   - If no income was received in 2025, provide a Transcript of Tax Return from the IRS. This form can be requested online at https://www.irs.gov/individuals/get-transcript or by calling (800) 908-9946.

If you have any questions regarding this application, please contact the Sewer Billing Division at (619) 691-5117 for assistance.

Delinquent accounts will not be considered eligible. Applications, including all required documentation, may be submitted via mail, email, online, or in person. This application is available in Spanish or Tagalog on our website and at the City of Chula Vista Finance Department. For more information on application guidelines for this program, please see Chula Vista Municipal Code Section 13.14.120 or Chula Vista Finance Department Utility Billing Policy 900-06 online.

CERTIFICATION

I, the undersigned, declare under penalty of perjury, that I am authorized to make this statement and that to the best of my knowledge and belief the statements herein, and any attachments hereto, are true and correct. I understand that this information will be used to determine whether I qualify for the reduced sewer service charge. I am aware that the City reserves the right to verify the total annual income or any other items on this application.

If any of the facts and conditions stated herein change to the extent that there no longer exists a right to the reduced sewer service charge, I acknowledge my responsibility to notify the City and the reduced rate shall no longer be in effect.

_____

Name (*Please Print*)

_____ _____

Signature Date

Apply Online:	**Email applications to:**	**Mailed or in-person applications:**
www.chulavistaca.gov/sewer	cvsewer@chulavistaca.gov	City of Chula Vista Finance Department 276 Fourth Avenue Chula Vista, CA 91910