



APPLICATION FOR LOW INCOME DISCOUNT

City of Ripon

259 N. Wilma Avenue | Ripon, CA 95366
Phone: 209-599-2108 Fax: 209-599-2685

If your annual income is within the income level shown in the chart below, you are eligible to receive a low income discount.

IMPORTANT: You must renew your application every year or you may lose your discount status.

VERIFICATION OF INCOME IS NECESSARY WHEN APPLYING: Income is **TOTAL** household income, including, but not limited to, State Aid (CalWorks, CalFresh, MediCal, etc.), disability income and Social Security. Please supply a copy of your most recent year's income tax return(s) 2022 or 2023. If you do not file a tax return, please supply a copy of your income source(s) for your entire household and include a list of names and ages of everyone in your household.

Income Limits 2023								
Income Level	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Very Low 20%	\$30,700	\$35,100	\$39,500	\$43,850	\$47,400	\$50,900	\$54,400	\$57,900
Low 10%	\$49,100	\$56,100	\$63,100	\$70,100	\$75,750	\$81,350	\$86,950	\$92,550

Date: _____

Name: _____

Address: _____

P. O. Box _____

Phone: _____

*Number of people in household: _____ *TOTAL annual household income: \$ _____

I certify under penalty of perjury under the laws of the State of California that the above information is true & correct.

Applicant: (Signature) _____

Approved: (City Clerk) _____ Date Approved: _____

**If the number of people in your household does not match the total persons claimed on your tax return OR if the total household income does not match the total income, please explain why:*
