



**PROPERTY LANDLORD APPLICATION  
SANITATION RATE RELIEF PROGRAM  
SPRING 2026**

Esta aplicación está disponible en español visitando <https://www.sonomawater.org/sanitation> y/o llamando al 707-521-1885 y/o escribiendo a [SanitationProgram@scwa.ca.gov](mailto:SanitationProgram@scwa.ca.gov)

The Districts and Zones offer a Rate Reduction Program for qualified owner-occupants<sup>1</sup>, who are billed a Sewer Charge on their property tax bill.

**ELIGIBILITY REQUIREMENTS**

1. Own your home and it is your primary residence.
2. Received a sewer service charge on your 2025-2026 property tax bill.
3. You must apply for the program annually to continue to receive the reduced rate.
4. You must submit all the required documents listed below.
5. You must submit completed and signed application before or on deadline date of **July 10, 2026**.
6. Your total combined gross income<sup>2</sup> **must not exceed** the Income Guidelines.

**INCOME GUIDELINES**  
Gross income must not exceed the Income and Rent Limits (per Sonoma County Community Development Commission), effective June 1, 2025; Income Guidelines to qualify are 75% Area Median Income.

1 person - \$69,300	3 persons - \$89,100	5 persons - \$106,913	7 persons - \$122,775
2 persons - \$79,200	4 persons - \$99,000	6 persons - \$114,825	8 persons - \$130,688

**REQUIRED DOCUMENTS**

1. **From all persons residing on the property:** A copy of all pages of signed Federal tax return (1040/SR) for 2025 submitted to IRS (**redact SSN#**). **If a tax return is not required, applicants are required to provide documentation for all sources of income.** Check all applicable sources of income in the table below.
2. A copy of your property tax bill (2025-2026)
3. A copy of the completed and signed application.

**1** Owner-Occupants – People who own a property and also live in it as their primary residence.

**2** Gross Income - All revenues from all persons residing on the property, from whatever sources derived, whether taxable or non-taxable, including, but not limited to: wages, salaries, pensions, unemployment benefits, self-employment profit, disability payments, workers compensation, child or spousal support, interest or dividends from savings accounts, stocks, bonds, retirement accounts, rent or royalty income, cash income or gifts, scholarship, grants, or other aid used for living expenses, insurance or legal settlements, Social Security, SSI, SSP, food stamps or TANF (AFDC).

## Spring 2026 Property Landlord Application for Sanitation Rate Relief Program

### APPLICANT INFORMATION

NAME (Please Print) \_\_\_\_\_ TEL. NO. \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_ PARCEL/APN NO. \_\_\_\_\_

MAILING ADDRESS (If different from above) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**Do you own and live in this home full-time as your primary residence?**

Yes  or No

**Sources of Income: You are required to submit documentation for each source of income (Redact SSN#)**

<input type="checkbox"/> Salaries	<input type="checkbox"/> Wages
<input type="checkbox"/> Pensions	<input type="checkbox"/> Unemployment Benefits
<input type="checkbox"/> Self-employment Profit	<input type="checkbox"/> Disability Payments
<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Child or Spousal Support
<input type="checkbox"/> Interest or dividends from Savings accounts	<input type="checkbox"/> Stocks
<input type="checkbox"/> Bonds	<input type="checkbox"/> Retirement Accounts
<input type="checkbox"/> Rent or Royalty Income	<input type="checkbox"/> Cash Income or gifts
<input type="checkbox"/> Scholarships	<input type="checkbox"/> Grants
<input type="checkbox"/> Other Aids used for living expenses	<input type="checkbox"/> Social Security, SSI, SSP
<input type="checkbox"/> Insurance or legal Settlements	<input type="checkbox"/> Food Stamps or TANF (AFDC)

How many people live in this property? \_\_\_\_\_ (Please review the income guidelines and definition of income on the reverse side of this form to be sure income from everyone live in this property does not exceed the guidelines)

Name	Relationship to Applicant	Total Income from All Sources for Each Person
<b>Total Income Received Annually:</b>		\$

**NOTE:** If you need additional lines, please attach a separate sheet. For any dependents or other individuals live in your property without income (i.e. children, elderly, non-working), please write the members full name and indicate "no income".

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**REDUCED RATE:** The reduced rate will be 50% of your total FY 26/27 Annual Sewer Service Charge.

**I certify under penalty of perjury that:**

- I have no other sources of income other than those indicated above
- The information provided on and with this application is true and correct to the best of my knowledge
- I meet the eligibility requirements for the program
- I am a landlord and rent unit(s) on this property. I agree to sign a separate agreement and provide evidence of passing rate relief to my tenants.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Please print and sign, then email, mail, or deliver completed and signed application with required documents to:

**Sonoma Water**  
**Attn: 2026 Sanitation Rate Relief Program**  
**404 Aviation Boulevard, Santa Rosa, CA 95403**

For more information, call (707) 521-1885 or e-mail [SanitationProgram@scwa.ca.gov](mailto:SanitationProgram@scwa.ca.gov)

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**IMPORTANT: You must attach all the required documents with this application.**

<p><b>FOR ZONE USE ONLY</b> <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible Date _____</p>
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