



**PROPERTY OWNER 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

The Districts and Zones offer a Rate Reduction Program for qualified owner-occupants¹, who are billed a Sewer Charge on their property tax bill. If you are currently participating in PG&E’s CARE Program, you will be eligible for the Rate Reduction Program if you meet all the eligibility requirements listed below (#1-5). If you are NOT participating in the PG&E CARE Program, in addition to requirements #1-5, your gross income² from all persons living on the property will be used to determine eligibility (#6).

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 household gross income² **must not exceed** the Income Guidelines. (Non-PG&E CARE Program Participants Only)

INCOME GUIDELINES			
Household 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	
PG&E CARE Program Participant	Non-PG&E CARE Program Participant
1. A copy of your current PG&E billing showing participation in the CARE Program.	1. A copy of all pages of your signed Federal tax return for 2025 you submitted to IRS (redact SSN#). If you are not required to file a tax return, 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)	2. A copy of your property tax bill (2025-2026)
3. A copy of the completed and signed application.	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 Owner 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 _____

Are you currently participating in PG&E CARE Program?

Yes If Yes, #1-5 applies No If No, #1-6 applies

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

Yes or No

INFORMATION REQUIRED FOR Non-PG&E CARE Program Participants and Landlord:

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 lives in this property does not exceed the guidelines)

Name	Relationship to Applicant	Total Income from All Sources for Each Person
Total Income Received Annually		\$

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 member’s full name and indicate “no income”.

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 not a landlord. I do not rent any units on this property. If you are a landlord, please use the application for Landlord.

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

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

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