CITY OF VICTORVILLE
WATER CONSERVATION

INCOME-QUALIFIED
TOILET REPLACEMENT PROGRAM
APPLICATION

Submit completed application and all requested information to:

City of Victorville
Water Conservation Division
14343 Civic Dr
Victorville, CA 92392
Ph: (866) 955-4426
Fax: (760) 269-0024
Email:Waterconserve@victorvilleca.gov

CITY OF VICTORVILLE
TOILET PROGRAM

Dear Homeowner(s):

Thank you for your interest in the City of Victorville's Toilet Replacement Program.

For residents who qualify through the programs guidelines, toilets are provided on a first- come first-served basis. Therefore, you are encouraged to complete and return the application as soon as possible.

Homeowners whose applications have been accepted for this program will receive ONE High Efficiency 1.28 Gallons per Flush toilet for replacement of old 3.5 to 7 Gallons per Flush toilet. Customers must make their own arrangement for pickup and installation of the new toilet, as well as the disposal of old toilet. Installation and post inspection must be completed within 7 days after pickup. If installation of the new toilet is not completed within the seven (7) days, arrangements must be made with Conservation staff to return the toilet or the price of the toilet will be added to the customer's water bill with an amount no less than $75.00.

Please submit your completed application and all requested information to:

City of Victorville
Water Conservation
14343 Civic Dr. P.O. Box 5001
Victorville, CA 92392
Ph: (866) 955-4426
Fax: (760) 269-0024
Email:Waterconserve@victorvilleca.gov

TO BE ELIGIBLE YOU MUST:

1. Be 62 years of age or older, have a long-term disability or be a military veteran.

2. Be an owner and occupant of a single-family home within the service area of Victorville Water District.

3. Have a maximum total family income (including all adult members of the household and all sources of income) of no more than:

1 person household	$27,150
2 person household	$41,300
3 person household	$46,450
4 person household	$51,600
5 person household	$55,750
6 person household	$59,900
7 person household	$64,000
8 person household	$68,150

(2017 Income Limits – Department of Housing and Urban Development)

CITY OF VICTORVILLE
TOILET PROGRAM

The Toilet Replacement Program requires the completion of the application in order to participate in the Program. The following is a list of information you will be required to provide in order to submit a completed application.

PROOF OF INCOME ELIGIBILITY

- If you are currently *employed*, please provide copies of the last **Two (2) paycheck stubs;**
- If applicant(s) is self-employed, copy of most recent **profit & loss statement, balance sheet, and cash flow statement;**
- If you are receiving *Social Security, annuities, insurance policy benefits, retirement funds, pensions, unemployment, disability or death benefits, worker's compensation, severance pay, alimony, child support, or Armed Forces income,* please attach a copy of the **entitlement letter or equivalent;**
- If the applicant(s) is receiving *AFDC, other public assistance, or welfare income,* a copy of the **benefit statement** shall be required from the Department of Social Services or other agency that states the amount of benefits;

NOTE: Applications without the required proof of OWNERSHIP and INCOME as described above will be considered incomplete. All incomplete applications will not be processed.

PLEASE COMPLETE ITEMS 1 THRU 9.

(1) Applicant Name Mr. Mrs. Ms. **Phone Number**

_____ ( ) _____

(2) Co-Applicant Name **Phone Number**

_____ ( ) _____

(3) Property Address

_____

Street *City* *State* *Zip Code*

(4) Mailing Address (If different from above)

_____

Street *City* *State* *Zip Code*

(5) Total Number of Persons in household: _____

(6) Total Monthly Gross Income $_____

Source of Income: (Please indicate amount)

[ ] Social Security Income (SSI) $_____
[ ] Workers Compensation $_____
[ ] Alimony/Child Support $_____
[ ] Employment Income $_____
[ ] Other Income: $_____
[ ] Disability Income (SSI) $_____
[ ] Pension (SSI) $_____
[ ] Investment $_____
[ ] Self Employment Income $_____

(7) Are you the OWNER of the property to receive a new toilet? [ ] Yes [ ] No

(8) Have you participated in a toilet program before?
[ ] Yes [ ] No

(9) What year was the house built? _____
(Found on Grant Deed)

CERTIFICATION OF ALL APPLICANTS

By my (our) signature below, I (we) certify that the above information is true. I (we) understand that the City of Victorville can revoke any funds or items granted upon discovery of an Applicant's material misstatement, whether negligent or fraudulent.

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

HOUSEHOLD SIZE AFFIDAVIT

I (we) the undersigned, being first duly sworn, state the following: *(Please initial all that apply)*

____ 1. I (we) hereby certify that my (our) household size is ___ and income limits do not exceed the established limits for household size indicated in the Toilet Replacement Program application.

RIGHT OF ENTRY

Right of Entry:

I/We the undersigned, hereby consent to allow authorized representatives of the City to enter my/our place of residence for the purpose of evaluating the need for a toilet replacement. The undersigned and the representatives of the City will perform this evaluation jointly.

Please initial here_____/_____.

_____ _____
Applicant Signature Date

_____ _____
Co-Applicant Signature Date