



QUARTZ HILL WATER DISTRICT

5034 W Avenue L • Quartz Hill, CA 93536
661-943-3170 • www.qhwd.org

Water Budget Adjustment Application

Account Number (located on the top of your bill): _____

Owner Name: _____

Water Service Address: _____

Phone:(_____) _____ email: _____

Please check reason(s) for adjustment and refer to back of this form for important information.

- Number of Full Time Residents in Household:
_____ people
- Licensed In-Home Childcare or Eldercare Facility – Number of Children Or Elders: _____
- Medical needs (must be accompanied by a note from your doctor on their letterhead) _____

Read the back of this form before signing.

By signing, I certify that to the best of my knowledge the above information is true and I agree to abide by the terms and conditions as stated on the reverse of this form. I also understand that the information provided on this application may be subject to verification.

Signature of Owner: _____ Date: _____

If your requested adjustment is approved, it will become effective the date the District received the application form.

Please return to: Quartz Hill Water District
5034 W. Avenue L
Quartz Hill, CA 93536

For Office Use:

of People: Denied _____ Approved _____ # of People _____
Care Facility: Approved _____ Medical: _____ Approved _____

Signature: _____ Date: _____

Please read the following and include the appropriate documentation as listed below:

- **Number of People in Household** – Water budgets for single-family residential customers are calculated assuming three people per household. If you have more than three people living in your household year round, you can apply for an adjustment. Customers will receive an additional 1,000 gallons/person/month for each additional person. Please include the number of people living in the household. This type of adjustment expires two years from the adjustment approval date.
- **Licensed In-Home Childcare or Eldercare Facility**
If a residential dwelling is being used as a licensed childcare or Eldercare facility, please include a copy of your business license along with the number of children or elders being cared for at your facility. Customers will receive an additional 500 gallons/child/month and 1,000 gallons/adult/month. This type of adjustment expires one year from the adjustment approval date.
- **Medical Needs**
Please provide verification from your healthcare provider. All medical information will be kept confidential. This type of adjustment expires two years from the approval date.

Before submitting the application, please read the following:

- Information contained in this form is subject to an audit (with up to 10% of all adjustment applications being audited automatically once a year). Should an audit be performed for the residence on the reverse of this form, the applicant agrees to provide acceptable documentation of the actual household population. Such documentation may include, but is not limited to, copies of Federal 1040 tax forms, state issued driver's licenses or identification cards, birth certificates or voided checks that list the property address in question. Properties that receive an adjustment for In-Home Childcare or Eldercare are also subject to an inspection.
- If any of the information supplied in the application by the applicant is found to be false, and/or proper documentation cannot be provided at the time of an audit, the account will be adjusted retroactively to the date of this application and appropriate fees and charges added to the next water service bill for the address.