

## **Application for Low Income Senior Discount**

Effective June 1, 2024 through May 31, 2025

- A. Applicant must reside in the residence where the discount is requested and be at least 62 years of age.
- B. Applicants combined **gross income**, excluding children under the age of eighteen, for the previous year did not and for this year (estimated) will not, exceed the dollar amount listed below based on the size of the household:

	Total H	ousehold Income
Size of Family	Not to Exceed	
1	\$	52,700
2	\$	60,250
3	\$	67,800
4	\$	75,350

C. Applicant is the named customer on the District's billing statement

NAME	Date
ADDRESS	Acct. #
SIGNATURE	Phone

PLEASE INCLUDE PREVIOUS YEARS IRS FORM 1040, W-2 FORMS, & COPY OF PHOTO IDENTIFICATION.

If unable to provide IRS Form 1040, please provide the following:

Social Security Statements Pension or Veterans Statements

Bank Statement, <u>IF</u> unable to provide SS, Pension, or Veteran's Statements

## INCOME SOURCE

## ANNUAL INCOME

Social Security Including Medicare		
Pension Benefits		
Public Assistance		
Interest/Dividends (1099)		
Salaries/Wages		
Business Income (Net)		
Supplemental Security Income (SSI)		
Social Security Disability Income (SSDI)		
Veterans Payments		
IRA Withdrawal		
Other		
TOTAL \$		