APPLICATION FOR SENIOR CITIZEN UTILITY DISCOUNT

Initial Application  Renewal Application

Applicant Name ____________________________

Age _______________ Date of Birth ____________________________

Applicant Address

______________________________

Are there other members of your household?  Yes ____________  No ____________

(If yes, please list)

Name Age Birth Date Relationship to Applicant

______________________________

______________________________

______________________________

______________________________

Income Information: the applicant must be the head of the household and the applicant must be 65 years of age during the year of filing. Total annual income must include income from all members residing in the household and must include social security payments, retirement income, and any income from all other sources. To be eligible for this discount program, the total household annual income must not exceed $15,000.00. Proof of income is required. Acceptable proof includes, but is not limited to, your most recent tax return and/or your most recent social security statement.

Applicant Spouse

W-2 Wages $____________________  $____________________

Mission Statement

To provide exceptional city services in the most professional, courteous and effective manner to enhance the quality of life in the City of East Point.
Social Security Retirement $____________________ $___________________
Retirement Pension & Annuity $____________________ $___________________
All Interest (Taxable & Non Taxable) $________________ $___________________
All Other Income for Given Year $________________ $___________________
Total Household Income $___________________ $___________________

APPLICANT AFFIDAVIT

I hereby apply for a seven ($7.00) dollar discount only of my electric charges of the utility bill. I swear that the above information is correct and that this discount is requested for my personal residence only. I understand that this request must be renewed each year during the month of January to insure that this discount will continue without interruption. I further understand that providing false, incomplete, or misleading information is a misdemeanor and subject to a fine and/or imprisonment and will result in the removal of my household from this discount program and disqualification of my household from this or any other utility program.

Subscribed and sworn before me on this ______ day of ______________, 20______.

____________________________________ ________________________________
Signature of Applicant Notary

OFFICE USE ONLY

Form Property Tax Bill ______ Form SSA-1099 _______ IRS Form 1040 _________
Granted ______________ Denied ______________ Account # ______________
