

EFFECTIVE DATE: _____

RENEW BY: _____

Thank you for applying to the City of Moberly Water/Sewer Discount program. The eligibility requirements for this program are:

- Water/Sewer utilities must be in your name or spouse's name
- Minimum 65 years of age **OR** permanently and totally disabled
- Provide documentation of age (drivers license or other government issued ID)
- Provide documentation of disability, if applicable (Social Security Administration certification)
- Provide documentation of income (Federal form 1040, 1040A, 1040EZ, Social Security Earning Statement, bank statements)
- Meet current income guidelines adopted by the City of Moberly

YOU MUST REAPPLY EACH YEAR TO CONTINUE RECEIVING THE DISCOUNT. IF APPROVED, THE CITY OF MOBERLY WILL DISCOUNT 25% (MAXIMUM \$10.00) FROM YOUR MONTHLY WATER/SEWER BILL FOR ONE YEAR.

CUSTOMER INFORMATION

Account #: _____

Date: _____

Name: _____

Daytime Phone #: _____

Address: _____

City: _____

Are you 65 years of age or older? Yes _____ No _____

Are you permanently and totally disabled? Yes _____ No _____

How many individuals live at the above address? Number _____

What is your current annual household income?
(include all income from individuals residing at this address.) \$ _____

PRIVACY STATEMENT:

The City of Moberly will not release any information provided on this application or on any documentation accompanying it to any person or agency other than the City of Moberly without written consent of the applicant

CERTIFICATION OF INFORMATION:

I do certify that the above information is correct. Falsification of the above information will result in reimbursement by the customer for **ALL** previously discounted water and sewer bills and permanent disqualification from participation in this program. I also certify that I have read and agree to the Privacy Statement above.

SIGNATURE: _____

DATE: _____

I do certify that I delivered the above documents to the City of Moberly Water Department for the front named individual(s).

PRINT NAME: _____

ADDRESS: _____

PHONE (DAYTIME): _____

SIGNATURE: _____

DATE: _____

FOR CITY USE ONLY

Documentation provided

Federal 1040 _____ 1040A _____ 1040EZ _____

Social Security Statement _____ Bank Statement _____

Approved / Disapproved (circle one) Signature _____ Date _____

Billing setup completed _____