

Applicant must be the same person in whose name the water service is currently registered or spouse of same.

AND

Total combined monthly household income from all sources shall not exceed \$1,800.00. This shall include but not be limited to:

- A. Retirement income
- B. Social Security and Supplemental Payments
- C. Disability income
- D. Investment and interest income
- E. Employment income

Applicant shall complete an affidavit listing all sources of income and will be required to furnish copies of appropriate documents for verification of income. A current Driver's License / Identification card is required.

Name on current water bill: _____ Acct # _____

Income	Applicant	Spouse	Total
Retirement:	\$ _____	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____	\$ _____
Disability:	\$ _____	\$ _____	\$ _____
Dividend & Interest:	\$ _____	\$ _____	\$ _____
Employment:	\$ _____	\$ _____	\$ _____
All other sources:	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

I hereby apply for a reduced sewer service fee. I certify that the above information is true and correct to the best of my knowledge and attach proof of income and disability if applicable. I agree to promptly notify Saraland Water Service of any change affecting my eligibility status for this fee.

Signature of Applicant

Subscribed and sworn to me this _____ day of _____, 20_____