

**QUALIFICATIONS
FOR
LOW INCOME SEWER SERVICE FEE**

1. Age 65 years or older

OR

2. 100% disabled

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.

ANNUAL RE-QUALIFICATION IS REQUIRED EACH JULY.

AFFIDAVIT OF ELIGIBILITY FOR LOW INCOME

Sewer Service Fee

In order to receive consideration for a reduced fee, an applicant (**account holder or spouse**) must complete the following form and submit the required documentation. A copy of driver's license / Identification card is required. An application received by the 15th of the month will receive a reduced fee on the next billing cycle if all requirements are fulfilled. The discount is 55% off the prevailing sewer rate.

Name of Applicant: _____

Address: _____

Date of Birth: _____ Phone #: _____

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_____

_____, Notary Public

SEAL

My Commission Expires _____

Receipt Date: _____ Received By: _____

Approved: _____ Declined: _____