



STEPHANIE
RAWLINGS-BLAKE
MAYOR

SENIOR CITIZEN DISCOUNT APPLICATION

2014



The Baltimore City Department of Public Works, Bureau of Water and Wastewater, will review your application for the Senior Citizen Discount Program. *See criteria in section "6" on reverse.

PLEASE PRINT ALL INFORMATION

Please complete the front and back of this form. Return completed form, to the Bureau of Water and Wastewater, Customer Support and Services Division, 200 Holliday Street, Room 404, Baltimore, Maryland 21202, along with the required supporting documents, stated in section 6, on the back of this application.

1.

Name

Home Phone Number

Mailing Address

Other number cell work friend relative

City, State, Zip

Water Bill Account Number

Service Address

(Check one) Homeowner Renter (check only if you are required to pay water bill)

2. If you answer **yes** to any of these questions, please **list the type** of assistance you are receiving:

- Do you receive any energy assistance or subsidy? Yes No Type: _____
- Do you receive any public assistance, i.e. medical, supplemental social security, food stamps? Yes No Type: _____
- Do you receive veterans or social security disability benefits? Yes No Type: _____
- Do you receive any other form of financial assistance, i.e., relative, child support, other? Yes No Type: _____

3. Fill in each space below for **ALL** household members (**list yourself first**).

FIRST and LAST NAME	BIRTH DATE <i>mm/dd/yyyy</i>	RELATIONSHIP TO APPLICANT	Sex M/F	Disabled (Yes or No)	List all Types of Income	Annual Gross Income
	/ /	APPLICANT				
	/ /					
	/ /					
	/ /					
	/ /					
	/ /					

If there are more persons living in household, please list them on separate paper.



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DEPARTMENT OF PUBLIC WORKS
RUDOLPH S. CHOW, P. E.
DIRECTOR

4. The applicant must sign this application before it can be processed.

I hereby apply for a Senior Discount of 39% for water and sewer services for my primary residence. I declare that the information provided to the Department of Public Works, Bureau of Water and Wastewater, is true, correct and complete. Additionally, I certify that I am the owner of this real property located in Baltimore City and owner-of-record with the Maryland Department of Assessment and Taxation and I am the principal resident or I have included a copy of a current lease agreement that requires me to pay the water and sewer charges for the property subject to the Senior Citizen Discount Exemption. I understand that when this application is signed, permission is given to the Department of Public Works, Bureau of Water and Wastewater, to verify all household income, bank accounts, housing expenses, insurance and any other benefits.

Print Name _____

Applicant's Signature _____ Date _____

Senior citizen discount is only good for one year. Applications must be approved for this discount each year.

5. OFFICE USE ONLY:

Received/Date (mm/dd/yyyy) ____/____/____	Approved/Date (mm/dd/yyyy) [] ____/____/____	Denied/Date (mm/dd/yyyy) [] ____/____/____
Certifier Signature (Bureau of Water and Wastewater's Customer Support and Services Division Staff): _____		
Certifier Signature		
Comments:		

All applications will be processed based on 2013 income.

6. Senior Citizen Discount Program Criteria

Eligibility Requirements:	Required supporting documents for eligibility determination:
<ul style="list-style-type: none"> Principal Resident must be 65 or older. Combined gross household income must not exceed \$ 25,000 (All sources) Applicant must certify he/she is owner-of-record with Maryland Department of Assessments and Taxation or provide a copy of current lease that indicates he/she is responsible to make payment for water and sewer charges at the property serviced by the account. Applicant must be a City of Baltimore water and sewer customer, a resident of the City of Baltimore and receive a water and sewer bill directly from the City of Baltimore. 	<ul style="list-style-type: none"> Proof of applicants' age (Copy of Maryland Driver's License, Birth Certificate or State Identification) Copy of landlord/tenant's lease agreement indicating tenant responsibility for water/sewer charges. Proof of all income sources for all members of household. (A copy of current tax returns or 1099 statements including eligibility letters from Social Security, Social Services or Veterans Administration. A note reflecting any other public or financial assistance for members of the household.)

Only one water bill account per household is eligible to receive this discount.

Please indicate where you acquired this application:

- | | | |
|---|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Mayor's Office | <input type="checkbox"/> Care Center | <input type="checkbox"/> Other |
| <input type="checkbox"/> City Council Office | <input type="checkbox"/> DPW | |
| <input type="checkbox"/> HCD Community Center | <input type="checkbox"/> 311 | |