



# City of Troutdale

## Disabled Customer – Sewer Rate Discount Application

New Application \_\_\_\_\_ Renewal Application \_\_\_\_\_

Account # \_\_\_\_\_

Name \_\_\_\_\_

Service Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Number of people in household \_\_\_\_\_

### Income Verification:

The total income of all the household residents, from all sources, in prior calendar year was \$\_\_\_\_\_. Attached are copies of documents showing income of persons in the household, including, but not limited to the most recent IRS tax return, social security statement or unemployment statement, for each person in household.

\_\_\_\_\_ I am currently determined to be disabled by the SSA and receiving SSD benefits and responsible for the sewer bill at this address. (Please provide a copy of your most recent Social Security Disability statement)

\_\_\_\_\_ The City utility service at the above address is in my name and is not past due in any amount.

\_\_\_\_\_ I understand that the rate discount will expire in June, and that I am responsible to re-apply and re-qualify prior to July in order to continue to receive the discount.

\_\_\_\_\_ I understand that I may lose the rate discount at any time if my utility account becomes past due.

I certify that all information on this application is true and correct, and I agree to notify the City of Troutdale if I move from this address, sell, transfer ownership of my home, or no longer qualify for the reduced utility rates. **By signing this application, I further agree to provide, annually, proof of my eligibility for this discount to the City of Troutdale finance department.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_

### THIS SECTION FOR OFFICE USE ONLY:

Date received \_\_\_\_\_

Finance Dept Initials \_\_\_\_\_

☐ Approved

Month/Year Discount begins \_\_\_\_\_

☐ Denied\_

Reason \_\_\_\_\_