

Fountain Green City Application for Senior Citizen with Low Income Utility Rate

Applicant Name:	
Applicant Mailing Address:	
Applicant Physical Address:	
Phone:	DOB:
Verification Paperwork Provided:	
Verified Date:	Verification by:

Applicant must be **62 Years or older**.

HOUSEHOLD INCOME must include **ALL** household members' income 18 years and older.

Complete line A through F. Total lines A Through F and enter the total income received during the previous year by members of the household on line G. A household is an association of all people living in the same dwelling, sharing furnishings, facilities, accommodations, expenses, and utilities. Please bring physical copies of proof of income for **ALL** household members 18 years and older residing at the physical address that utilities are being provided to. Physical statements must be reviewed and approved by Fountain Green City Staff before the decreased rate will be applied to any Fountain Green City utility rate.

The following table must be completed for each member of the household over 18 years of age.

A. Wages/Salaries	A.
B. Pension/Annuities	B.
C. Interest/Dividends/Trusts	C.
D. Alimony/Other Income	D.
E. Social Security/Other Government Assistance	E.
F. Pensions	F.
G. Total	G.

IF THE TOTAL OF LINE G EXCEEDS \$25,000.00 YOU DO NOT QUALIFY FOR THE DECREASED UTILITY RATE.

Under penalties of perjury, I declare to the best of my knowledge and understanding that the provided information and documentation is true, correct, and complete.

Signature of Applicant

Date: