



**APPLICATION
ELDERLY LOW-INCOME WATER & SEWER DISCOUNT**

Applicant Name:

Mailing Address:

Phone Number:

Email Address:

Utility Acct #:

Utility Service Address:

Household Size (total number of individuals residing at the service address)

By submission of this application, I hereby certify that the information provided above is true and correct and that the above referenced property is owner-occupied or tenant of the residence for which the discount is requested.

Applicant Signature:

Date:



Income Guidelines:

1. Circle the number of individuals in your household
2. Circle Above or Below in the Income Column

Household Size	Income Limits		
One	\$47,250	Above	Below
Two	\$54,000	Above	Below
Three	\$60,750	Above	Below
Four	\$67,450	Above	Below
Five	\$72,850	Above	Below
Six	\$78,250	Above	Below
Seven	\$83,650	Above	Below
Eight	\$89,050	Above	Below

Please submit a complete application with the following attachments:

- Copy of Photo ID (Driver's License, ID Card, Passport)
- Income Verification (All household members) U.S
- Federal Tax Return - Form 1040
- A copy of the most recent utility bill.

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