

APPLICATION FOR WATER AND SEWER DISCOUNT PROGRAM FISCAL YEAR 2025

PROPERTY ID: ____/____/____

DATE RECEIVED: _____

PLEASE COMPLETE ALL SECTIONS FULLY. PLEASE PRINT OR TYPE.

NAME OF APPLICANT: _____

MARITAL STATUS: S M D W

DATE OF BIRTH: _____

If first year of application, please attach a copy of your birth certificate or government issued identification such as driver's license or passport.

LEGAL RESIDENCE on July 1, 2024: _____

MAILING ADDRESS, if different: _____

DAYTIME TELEPHONE NUMBER: () _____

LOCATION OF PROPERTY: _____

NUMBER OF DWELLING UNITS: _____

Did you own and occupy the property on July 1, 2024 and for the prior ten (10) years?

Yes ___ No ___

If no, list other properties owned and/or occupied during the past ten (10) years:

Address	Dates	Owned	Occupied
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If applying for the first time and property is in trust, please provide a copy of trust and schedule of beneficiaries.

If previously approved and property is in trust, have you made any changes to the trust?

Yes ___ No ___

(OVER)

GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR (2023):

Please provide a copy of your federal income tax return for calendar 2023. This is required to verify your income.

	Applicant and Spouse	Co-owner and Spouse
Retirement Benefits (Social Security, Railroad, Federal, Massachusetts and Political Subdivisions)	\$ _____	\$ _____
Other Pensions and Retirement Allowances	\$ _____	\$ _____
Wages, Salaries, and Other Compensation	\$ _____	\$ _____
Net Profits from Business or Profession	\$ _____	\$ _____
Interest and Dividends	\$ _____	\$ _____
Other Receipts (Rent, Capital Gains, etc.)	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

Signature of Applicant

Date

If signed by an agent, attach a copy of written authorization to sign on behalf of the taxpayer.

TO BE COMPLETED BY OFFICE STAFF

DATE OF PROCESSING: _____

RECOMMENDED ACTION: _____

INITIALS: _____