



City of DuPont

UTILITY DISCOUNT APPLICATION (Water Service)

Ordinance 99-653

Name of Disabled or Low-Income Applicant _____

Utility Service Account Number _____

Service Address _____

Age _____ Date of Birth _____

Eligibility Criteria

- Low income senior citizen (60 years of age or older)
(Please attach a copy of your tax return or other proof of income and proof of age.)
- Low income disabled citizen
(Please attach a copy of your tax return or other proof of income and a Veterans Administration or Social Security Administration proof of disability.)

Low income is defined as no more than \$15,000 annually per household.

Are you receiving:

- Veterans' Administration Disability Percent of Disability _____%
- Social Security Administration Disability

Signature

Date

Approved Denied By: _____