



APPLICATION FOR LOW-INCOME SENIOR CITIZEN & DISABLED PERSONS DISCOUNT PROGRAM

CITY OF ADAIRSVILLE WATER SYSTEM

I am applying for the low-income senior citizen discount offered by the City of Adairsville Water System. I understand that program allows for a 25% discount on the volume rate (rate per 1,000 gallons used) for the first 5,000 gallons (Tier 1 rate) of water used each month.

I further understand that I must meet the following criteria as of the date of this application in order to qualify for the discount. I hereby understand and affirm that the following is true:

- ♦ I am sixty-five (65) years of age or older OR disabled (proof of age or disability are required)
- ♦ I live at the below address and this is my primary residence.
- ♦ I may only apply for this discount at my primary residence.
- ♦ I live within the City of Adairsville.
- ♦ The water service at this address is currently in my name.
- ♦ The total annual gross household income (total for everyone residing at this address) does not exceed \$15,000.
- ♦ I must re-apply for this discount program each year.
- ♦ The City has the right to verify the information provided by me in this application and if such verification reveals that I am ineligible under the program's requirements, my discount may be denied or revoked.

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Number of Occupants at this address: _____

Customer Signature

Date

Return completed application to: Adairsville City Hall ~ 116 Public Square ~ Adairsville, GA 30103

If you have any questions, please speak with a Utilities Clerk at 770-773-3451

OFFICE USE ONLY:

Approved by: _____

Account # _____

Date approved: _____