

# APPLICATION FOR SEWER & WATER ANNUAL REDUCTION PURSUANT TO ORDINANCE #18-08-02

## INFORMATION/DOCUMENTATION TO BE FURNISHED

- Driver’s license or picture ID with address matching the application bill address
- Proof of present address (rent receipt, bank statement, recent bill, etc.)
- Last four consecutive copies of check stubs for **all employed household** members
- Previous year’s tax return or statement that no tax return was required to be filed
- Proof of unearned income (Social Security, Unemployment Insurance, Pension Funds, Disability, etc.)
- Proof of any Disability or Handicap
- Additional information may be required to determine your eligibility for assistance

**1. Type of Submission:**

\_\_\_ Application      \_\_\_ Other: \_\_\_\_\_

**2. Eligibility (Yes/No): A or B must be Yes; Additionally, both C and D must be Yes.**

- (A) Are you older than age 64? \_\_\_\_\_
- (B) Are you handicapped or disabled? \_\_\_\_\_
- (C) Is the **entire income of all household members** who reside with you at the applicant address \$15,000.00 or less? \_\_\_\_\_
- (D) Have you resided in the Town of Pearl River for 3 months or greater? \_\_\_\_\_

**3. Applicant Information:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

How long have you resided at this address? \_\_\_\_\_

Date of Birth: \_\_\_\_\_      Annual Yearly Income: \_\_\_\_\_

Social Security Number (Last 4 Digits): \_\_\_\_\_

**\*\* See Next Page Section 4 & 5 \*\***

Applicants signature: \_\_\_\_\_

Description of Disability or Handicap:

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**4. Misrepresentation, False Claims, or Fraud**

Any false claim for reduction of fees shall be subject to punishment as provided by the general penalty provisions of the Ordinance #18-08-02. Additionally, the Town of Pearl River shall have the right to collect all water and sewerage fees owed, but not paid, as a result of the false eligibility, together with an administrative fee of twenty-five dollars (\$25.00) plus ten percent (10%) of the all water and sewerage fees owed, but not paid. The Town shall notify any resident who is determined to be ineligible for reduced fees by certified mail, return receipt requested. Delivery of such certified mail shall be considered complete upon mailing thereof to the address shown on the resident's water billing account. Any resident determined to be ineligible for reduced fees may appeal such determination to the Town Council who shall hear the appeal at a public meeting.

**5. Certification of Information Provided**

By signing this application, I certify (1) to the statements contained within and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also agree to comply with any resulting terms. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

Applicants signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**BELOW IS FOR TOWN USE**

**Mayor:** Clarence David McQueen

Approved \_\_\_\_\_

Rejected \_\_\_\_\_

**Alderman:** \_\_\_\_\_

Approved \_\_\_\_\_

Rejected \_\_\_\_\_