



Water/Sewer Senior Discount Application

Account #: _____

Name: _____

Address: _____

Phone #: _____

Date of Birth: _____

(If you are not at least 65 years of age, you are NOT eligible for discount)

Total number of household: _____

Below: Give the name, age, and the name of the employers (If employed):

	NAME	AGE	Employer
1.	_____	_____	_____
2.	_____	_____	_____

TOTAL MONTHLY INCOME OF ALL MEMBERS IN HOUSEHOLD: \$ _____

TOTAL YEARLY INCOME: \$ _____

(If this amount is over \$10,000, you are NOT eligible for discount)

I am a resident of the City of Baxley and reside at the above listed address. **I AM AT LEAST 65 YEARS OF AGE OR OLDER, AND THE TOTAL YEARLY INCOME OF ALL PERSONS RESIDING AT THE ABOVE ADDRESS FOR THE YEAR PRECEDING THE DATE OF APPLICATION WAS LESS THAN \$10,000.** I understand that if a discount for water and sewer services rendered by the City of Baxley is granted, such discount will only apply for the month in which the discount is granted and the remainder of months in this year. Also, that it will be necessary to obtain approval in each year for the discount to remain in force. I also agree to furnish proof of TOTAL income of the persons living in said dwelling house and understand that such proof must be acceptable to the City in order for said discount to be granted.

Signature of Applicant

Date

Sworn before me this _____ day of _____, 20_____.

Notary Public Signature

Based on the facts contained in the foregoing affidavit, this discount for water/sewer services applied for is approved and granted.

This _____ day of _____, 20_____.

By: _____