

APPLICATION
TOWN OF COULEE DAM
UTILITY DISCOUNT

APPLICANT NAME: _____ ACCOUNT NO.: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: (if different) _____

HOME PHONE: _____ MESSAGE PHONE: _____

OWN _____ BUYING _____ RENTING _____

APPLYING AS:

SENIOR CITIZEN (over 62) _____

DISABLED CITIZEN (receiving permanent or long term disability income) _____

APPLICANT DATE OF BIRTH: _____ NUMBER IN HOUSEHOLD: _____

LIST ALL RESIDING IN HOUSEHOLD, OTHER THAN APPLICANT, WITH DATE OF BIRTH

NAME

DOB

INCOME INFORMATION: LIST ALL SOURCES OF INCOME FOR ALL MEMBERS OF THE HOUSEHOLD.

PERSON RECEIVING INCOME	SOURCE	AMOUNT	PER MO. OR YR.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VERIFY INCOME: WITH YOUR APPLICATION, PROVIDE COPIES OF DOCUMENTATION TO VERIFY YOUR INCOME. THIS MAY BE A COPY OF MOST RECENT BENEFIT AWARD LETTER, COPY OF ACTUAL CHECKS RECEIVED FOR PAST 3 MONTHS, REMITTANCE ADVICE FOR CHECKS RECEIVED IN PAST 3 MONTHS, COPY OF MOST RECENT TAX RETURN IF WITHIN 6 MONTHS, PAY STUBS OR EMPLOYER VERIFICATION OF PAYROLL FOR THE PAST 3 MOS.

APPLICANT SIGNATURE: _____ DATE: _____

FOR OFFICE USE:

TOTAL INCOME SHOWN MONTHLY: _____ X 12 MONTHS = _____

TOTAL INCOME SHOWN ANNUALLY: _____

TOTAL ANNUALIZED HOUSEHOLD INCOME: _____

HOUSEHOLD SIZE: _____

APPLICATION: ELIGIBLE ___ NOT ELIGIBLE ___ FOR DISCOUNT OF ___ %

TOWN STAFF SIGNATURE: _____ DATE: _____