



CITY OF ATLANTA
DEPARTMENT OF WATERSHED MANAGEMENT

55 Trinity Avenue, Suite 1650
Atlanta, Georgia 30303
404-658-6500

Low-Income Senior Citizen Discount Application

Date of application: _____

Name of applicant: _____

Service address: _____

Telephone number: _____

I hereby submit my application for a Low-Income Senior Citizen Discount of 30% for water and sewer service for the premises listed above. I certify that:

- I am 65 years of age or older
- I am the legal title or leaseholder to the property listed below
- My household income does not exceed \$25,000

Executed this _____ day of _____, 20_____

Signature of applicant: _____

I fully understand that making a false statement on this application can subject me to penalties and disqualification from the Low-Income Senior Citizen Discount for 2005.

Please do not write below this line

To be completed by office personnel only

Birth Certificate _____	Reviewed by _____
Driver's License _____	Rental Agreement/Warranty Deed _____
Georgia ID _____	Annual Income \$ _____
Federal form 1099/1040 _____	

The City of Atlanta is authorized to waive thirty percent (30%) of the Water and Sewer rates for customers age 65 or older whose annual household income does not exceed \$25,000

Approved _____ Denied _____ Justification _____