



**APPLICATION FOR SENIOR CITIZENS RATE
WATER AND GAS
CITY OF AMERICUS**

NAME_____

**SERVICE
ADDRESS**_____

**MAILING
ADDRESS**_____

ACCOUNT NUMBER_____ **ANNUAL INCOME**_____

**NAME, SOCIAL SECURITY NUMBER AND INCOME OF ALL PERSONS LIVING AT THIS
ADDRESS:**

	NAME	SOCIAL SECURITY	INCOME
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____

AFFIDAVIT OF CLAIMANT

I do solemnly swear that the above statements made in support of this application are true and correct, that I live at the above address for which this discount is claimed, that this address is my principal residence, and that the water and gas bill are billed in my name. I further swear that I am 62 years of age or older and my gross income from all sources, together with gross income of my spouse and all members of the family residing within this address, for the immediately preceding year, did not exceed \$15,600, and that no transaction has been made in collusion with another for the purpose of obtaining this discount contrary to law.

_____	_____
DATE	CLAIMANT

Received by:_____ **DATE:**_____
(Authorized City Employee)

City Records changed by:_____ **DATE:**_____