

2023-24 LOW INCOME APPLICATION

C O N F I D E N T I A L

**LOW INCOME CITIZEN APPLICATION FOR REDUCED RATES APPLICABLE FROM
OCTOBER 1, 2023 TO SEPTEMBER 30, 2024.**

PLEASE PRINT

Name _____ Date _____ Phone _____
Home Address _____

Name and ages of all persons residing at the above address:

Name _____ Age _____
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

I (we) hereby apply to the City of Highland Park for the following Low Income services:
(Check appropriate boxes and indicate requested information)

- Water Sewer Natural Gas Tax Rebate
Diseased Elm Tree Removal Parking Permit (C ,O, or CO - 1 per household)
Sanitary Service Line Repair

I (we) certify that this is my (our) place of residence. I (we) certify that the total income of **all** persons residing at the above home address does not exceed the amount to which I am (we are) entitled according to the FY2023 (effective April 01, 2023) HUD Low Income Table shown below. Income as used herein means **total household income of all kinds - taxable and non-taxable, excluding social security.** Copies of the previous year's 1040 tax returns of **all** persons residing at the above residence are attached as proof of income.

<u>FAMILY SIZE</u>	<u>MAX. INCOME</u>	<u>FAMILY SIZE</u>	<u>MAX. INCOME</u>
1	\$61,800	5	\$95,350
2	\$70,600	6	\$102,400
3	\$79,450	7	\$109,450
4	\$88,250	8	\$116,500

I (we) hereby attest that the information contained herein is true and correct to the best of my (our) knowledge.

ANY PERSON SUBMITTING FALSE INFORMATION IS SUBJECT TO A \$500 FINE

Signature _____ Signature _____