

GARBAGE/SEWER/STORM WATER MANAGEMENT FEE REDUCTION APPLICATION  
CITY OF WATERLOO, IOWA

*This application is effective for garbage fees, sewer fees and storm water management fees.*

Date: \_\_\_\_\_ Water Works Account No.: \_\_\_\_\_  
Garbage Container Size: \_\_\_\_\_

Applicant's Name: _____	Telephone No. _____
Service Address: _____	Tenant or Owner _____
Social Security No.: _____	Date of Birth (if 65 or above): _____
Number of individuals in the household: _____	_____

List gross monthly household income and provide proof for ALL income received:

\$ \_\_\_\_\_ Social Security Income  
\$ \_\_\_\_\_ Interest Income  
\$ \_\_\_\_\_ Unemployment Compensation  
\$ \_\_\_\_\_ (FIP) Family Investment Program  
\$ \_\_\_\_\_ Wages (provide tax return from previous year)  
\$ \_\_\_\_\_ Veteran's Assistance  
\$ \_\_\_\_\_ Supplemental Social Security  
\$ \_\_\_\_\_ Pension. Please state type \_\_\_\_\_  
\$ \_\_\_\_\_ Other. Please specify \_\_\_\_\_  
\$ \_\_\_\_\_ Total Yearly Income

I UNDERSTAND THAT BY SIGNING THIS APPLICATION I AUTHORIZE THE CITY OF WATERLOO TO VERIFY MY INCOME THROUGH THE USE OF AVAILABLE LEGAL PROCEDURES:

I, the undersigned, declare under penalty of perjury that I have examined this claim including all statements and above schedule and, to the best of my knowledge and belief, it is a TRUE, CORRECT AND COMPLETE claim; and that I am the applicant in the above and foregoing application for reduced City utility fees; and that I have read the above application and know the contents thereof; and that the statements and allegations therein contained are true.

\_\_\_\_\_  
Applicant's Signature

PLEASE RETURN TO:  
CITY CLERK'S OFFICE  
715 MULBERRY STREET  
WATERLOO, IA 50703

FOR OFFICE USE ONLY:

Received in the office of the City Clerk of the City of Waterloo, Iowa, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Reduction year: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

City Clerk Copy - white

Customer Copy - yellow