



CITY OF WATERLOO, IOWA

GARBAGE/SEWER/STORMWATER MANAGEMENT FEE REDUCTION APPLICATION

Applicant's Name: _____	Telephone No. _____
Service Address: _____	Own or Rent _____
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 the **previous calendar year**:

- \$_____ Social Security Income
 - \$_____ Supplemental Social Security
 - \$_____ Unemployment Compensation
 - \$_____ interest Income
 - \$_____ Pension Please state type _____
 - \$_____ Wages (provide tax return from previous year)
 - \$_____ (FIP) Family Investment Program
 - \$_____ Veteran's Assistance
 - \$_____ 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 ST 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__.

Authorized Signature

Reduction year: _____

Water Works Account No.: _____ Garbage Container Size: _____