

Sewer rate adjustment is valid for 2 years. It is the resident's responsibility to reapply every second year to continue receiving the sewer rate adjustment. Initial Here _____

TOWN OF SOUTHLINGTON SEWER DEPARTMENT
Application For
INCOME QUALIFIED SEWER RATE ADJUSTMENT
provide identification and copy of most recent tax return

Modified rate becomes effective with the next quarterly invoice.

NAME (last)	(first)	(middle)
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SPOUSE'S NAME (last)	(first)	(middle)
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MAILING ADDRESS (No. and Street)	TOWN	STATE	ZIP CODE
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PROPERTY ADDRESS (No. and Street)	TOWN	STATE	ZIP CODE
<small>only if different than above</small>			

OTHER NAME ON PROPERTY	FILING STATUS—Check Only One
	<input type="checkbox"/> Couple <input type="checkbox"/> Individual

CT QUALIFYING INCOME RECEIVED DURING LAST CALENDAR YEAR: A. GROSS INCOME—includes Federal Gross Income or its equivalent; such as, but not limited to wages, lottery winnings, pensions, IRA withdrawals, interest, dividends, and net rental income (excluding depreciation) B. NON TAXABLE INTEREST—Example: interest from tax exempt government bonds C. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME—Add Medicare premiums D. ANY OTHER INCOME NOT REFLECTED IN THE ABOVE—Examples: Federal Supplemental Security Income, State of CT public assistance payments, Veteran's Disability Pensions, and any other income not listed above. Explain "OTHER" on reverse.	A. \$ _____ B. \$ _____ C. \$ _____ D. \$ _____ TOTAL: \$ _____
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AFFIDAVIT: The applicant or authorized agent deposes that the above statements are true and complete. The property for which the sewer rate relief is claimed is the permanent residence/domicile of the applicant. Your signature signifies that this affidavit has been read and understood.

Signature of Applicant or Authorized Agent	Date Signed	Applicant/Agent Phone #	Agent's Relationship
X	/ /		

OFFICE USE ONLY BELOW THIS LINE

<input type="checkbox"/> Individual (Well) Flat Rate \$150 <input type="checkbox"/> Couple/Family (Well) Flat Rate \$300 <input type="checkbox"/> (Public Water) Flat Rate \$100/yr + \$3.00/100CF	Town Engineer's Affidavit: <input type="checkbox"/> I am satisfied that the above-named applicant meets all necessary requirements. <input type="checkbox"/> This claim is disallowed for the following reason:
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Signature of Town Engineer or Sewer Department Staff	Date Signed
	/ /

Town Engineer's Affidavit
 Subscribed and sworn to before me
 this ____ day of _____, 20

 Notary Public
 My Commission Expires: