



CITY OF PITTSBURG

Water Department

65 Civic Avenue, Pittsburg, California 94565-3814

Telephone: (925) 252-4940 Fax: (925) 252-6927

APPLICATION FOR DISCOUNTED WATER & GARBAGE RATES FOR SENIOR CITIZENS / DISABLED

NAME _____ PHONE NUMBER _____

SERVICE ADDRESS _____

EMAIL ADDRESS _____

DATE OF BIRTH _____ AGE _____ SOCIAL SECURITY NUMBER _____

HOW MANY PEOPLE IN YOUR HOUSEHOLD _____

PLEASE CIRCLE WHICH DISCOUNT YOU ARE APPLYING FOR: SENIOR DISABLED

DO YOU RECEIVE PENSION PAYMENTS ? YES NO (CIRCLE ONE)

IF YES, PLEASE SPECIFY: PLAN NAME: _____

MONTHLY AMOUNT: _____

DOES THE ANNUAL HOUSEHOLD INCOME EXCEED \$11,640 (excluding Social Security)? IF YES, THIS DISQUALIFIES YOU FROM RECEIVING THE SENIOR / DISABLED DISCOUNT.

DID YOU FILE AN INCOME TAX RETURN FOR THE PRIOR YEAR? YES NO (CIRCLE ONE)

IF YES, YOU MUST ATTACH A PHOTOCOPY OF PAGES 1 AND 2 OF YOUR INCOME TAX RETURN FORM TO VERIFY HOUSEHOLD INCOME.

IF NO, WE REQUIRE THAT YOU FURNISH US WITH YOUR ANNUAL INCOME RECEIVED AND FROM WHAT SOURCES:

OTHER INCOME & SOURCE: _____

ANY INCOME FROM PERSONS RESIDING IN THE HOUSEHOLD OTHER THAN APPLICANT MUST BE REPORTED TO DETERMINE ELIGIBILITY. DO NOT SHOW ONLY INCOME OF APPLICANT.

COPIES OF PROOF OF AGE AND HOUSEHOLD INCOME MUST ACCOMPANY THIS APPLICATION (I.E. DRIVERS LICENSE,

BIRTH CERTIFICATE, INCOME TAX RETURNS, PAY STUBS). DO NOT SEND OR BRING ORIGINAL DOCUMENTS. THE

COPIES MUST REMAIN ON FILE WITH THIS APPLICATION.

- CERTIFICATION -

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY:

ACCOUNT NUMBER _____

DATE RECEIVED _____

PROCESSED BY _____

EFFECTIVE DATE _____

() APPROVED

() DENIED

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WATER DEPARTMENT

65 Civic Avenue, Pittsburg, California 94565-3814
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SENIOR AND DISABLED CITIZENS

- NOTICE -

The City of Pittsburg has a monthly discounted water usage rate for the first four (4) units of water consumed for low income seniors at least 62 years of age and all disabled citizens as established by the Social Security Administration Supplemental Income Program for the aged, blind and disabled with an annual household income not exceeding \$11,640 (not including Social Security Income). Water Account must be in applicant's name.

Application and rates will be approved for two years. Before the end of the second year, the account holder will need to resubmit application and proper paperwork to continue to receive the discounted rates.

Please see the reverse side for:

Application For Discounted Water and Garbage Rate For Senior and Disabled Citizens

To obtain any Social Security Records or information, please contact them at:

Social Security	(800) 772-1213
2508 Verne Roberts Cir	or
Antioch, CA 94509	(925) 522-0014

Social Security can also be reached on-line at:

www.socialsecurity.gov