

**CITY OF
SOUTH ST. PAUL
125 THIRD AVENUE NORTH
SOUTH ST. PAUL, MN 55075**

JANUARY 1, 2021

Dear Resident:

Enclosed is the annual application for the City's water and sewer rate assistance program for residents who are elderly, blind or disabled and whose total annual family income for 2020 is **\$36,152.34** or less. This discount does not apply to residents with non-metered rental units.

General definitions are as follows (complete definitions on back):

Elderly means a family whose head or sole member is at least 65 years old.

Blind and disabled means a family whose head or sole member is blind or is a recipient of social security for the blind or disabled, or is a recipient of workers compensation based on total and permanent disability.

Total annual family income means the annual income from **all** sources for the calendar year 2020, for the applicant and **all** family members residing in the applicant's residence.

Please complete the enclosed application. You must list the total 2020 income for all family members in the household, taxable and non-taxable. Examples of such income include, but is not limited to, social security benefits, workers' compensation, retirement benefits, pensions, employment income, interest on savings, stock dividends, and income from real estate.

Please send your completed application to the following address:

**Water and Sewer Rate Assistance Program
City of South St. Paul
125 3rd Avenue N
South St. Paul, MN 55075**

If your application is approved, the reduced rates will take effect with your next quarter's bill. If you have any questions, please call me at (651) 554-3209.

Sincerely

Utility Billing Customer Service

Enclosure

<p style="text-align:center">Please include a copy of your social security income statement and a copy of your 2020 Federal Tax Statement with your application. Thank you.</p>
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CITY OF SOUTH ST. PAUL

2021 APPLICATION FOR WATER AND SEWER RATE ASSISTANCE PROGRAM

Please read carefully and complete all the information on this application. The data requested on this application will be used to determine your eligibility for reduced rates on water and sewer charges. This application must be completed each year to qualify and continue the reduced rates.

APPLICANT please check one: **Elderly** **Blind** **Disabled**

Name _____ Home Phone _____

Address _____

Water Account Number _____ Date of Birth _____

ALL MEMBERS RESIDING IN THE RESIDENCE OF APPLICANT WHO HAVE INCOME:

All members including the applicant (head of family) and his or her spouse and any other members having income and residing in the residence of the applicant for the calendar year 2020.

<u>Name</u>	<u>Relationship to Applicant</u>
1. <u>Applicant</u>	_____
2. _____	_____
3. _____	_____

GROSS ANNUAL INCOME:

On the lines below, list annual income for each person named above. Please include income *from all sources including but not limited to:* Social security benefits, rental income, supplemental security income, workers compensation, retirement benefits and pensions, employment income, interest on savings, stock dividends, and income from real estate or a business.

<u>Name of person receiving income</u>	<u>Please list sources of income (example: wages, soc sec, rents, pension, interest.)</u>	<u>Total Annual Income</u>
1. <u>Applicant</u>	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Total household annual income \$ _____

Comments: _____

I understand this discount does not apply to residents with non-metered rental units.

I declare under the penalty of law that the information included in this application is true and accurate to the best of my knowledge and supporting documents will be provided if requested.

Signature of Applicant _____ Date _____