

**SENIOR/DISABLED DISCOUNT FOR WATER AND
GARBAGE SERVICES APPLICATION**

PLEASE CHECK THE CATEGORY WHICH ENTITLES YOU TO THE WATER AND GARBAGE RATE REDUCTION (Per City of Wood Dale Ordinance):

- _____ **Head of Household** entitled to and receiving benefits under the Social Security Act or benefits under other pension plans and be at least sixty-two (62) years of age

- _____ **Widowers or widows** having dependent children

- _____ **Totally disabled**

- _____ **United States Military Veteran**

Part I: Complete the following information.

Last Name of Applicant (Please Print) **First Name** **Middle Initial**

Mailing Address (Please Print)

City of Wood Dale (Please Print) **State** **Zip Code**

Part 2: Complete the following information regarding each resident of your household. If you need additional space, please attach a separate piece of paper.

Name _____ **Last 4 digits of Social Security No.** ___ ___ ___ ___ **Income** _____

Name _____ **Last 4 digits of Social Security No.** ___ ___ ___ ___ **Income** _____

Name _____ **Last 4 digits of Social Security No.** ___ ___ ___ ___ **Income** _____

Name _____ **Last 4 digits of Social Security No.** ___ ___ ___ ___ **Income** _____

The income limits that qualify you for the discount program are published by the HUD. They are the "Very Low Income" standard. If your total household income is below these levels, you qualify for the discount program. One-Person Household - \$35,250; Two-Person Household - \$41,250.

PRIVACY NOTICE

The City of Wood Dale requires this information to determine your eligibility for the Senior Discount Program. All information and documentation you provide will be used solely for that purpose . A file is maintained in the City of Wood Dale Finance Department and access is limited to employees who work with the Senior Discount Program.

Part 3:

Provide current (most recent tax year) income information for the entire household. You must include the income of the ENTIRE HOUSEHOLD on each line. See instructions for definition of household income.

- 1. Social Security, SSI benefits (Box 5 amount) \$ _____
- 2. Railroad benefits (include Medicare deductions) \$ _____
- 3. Civil Service benefits \$ _____
- 4. Pensions, annuity, and IRA benefits \$ _____
- 5. Veteran's benefits \$ _____
- 6. Public Aid benefits \$ _____
- 7. Wages, salaries, and tips \$ _____
- 8. Interest, dividends, capital gains \$ _____
- 9. Business income \$ _____
- 10. Income from rental real estate, royalties, partnerships,
S Corporations, Trusts, etc. \$ _____

- TOTAL (Add lines 1 through 8) \$ _____

I affirm that to the best of my knowledge, the foregoing information is true, correct and complete.

Signature of Applicant _____ Date _____

In accordance with Sec. 7.308 D of the City of Wood Dale Municipal Code, please submit the following proof of you household income:

- 1. A copy of the current Illinois driver's license or Illinois I.D. card for the head of your household,
AND
- 2. A copy of your most recent U.S. Federal Income Tax Return for each member of your household

(To protect your privacy, please black out all but the last four digits of you social security number on any forms you submit)

NOTE: IF YOU ARE NOT REQUIRED TO FILE A U.S. FEDERAL INCOME TAX RETURN, PLEASE SUBMIT DOCUMENTATION DETAILING THE AMOUNTS ON EACH LINE OF YOUR APPLICATION.

For example, submit a copy of each form listed below if they pertain to you or to a member of your household:

- | | |
|-----------------------------|--|
| Form SSA-1099 | Social Security Benefits |
| For RRB-1099 and RRB-1099-R | Railroad Retirement Benefits |
| Form W-2 | Wage and tax statement |
| Form 1099-B | Proceeds from Broker and Barter Exchange Transactions |
| Form 1099-G | Certain Government payments |
| Form 1099-INT | Interest income |
| Form 1099-Div | Dividends and distributions |
| Form 1099-Misc | Miscellaneous Income |
| Form 1099-R | Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, etc. |

APPROVAL

APPROVED BY

DATE