GREENWICH TOWNSHIP SEWER DISCOUNT

Applicant Name: _____

Applicant Address: _____

Discount applied for based on : Age (complete section 1) Disability (complete section 2)

Section 1

Circle proof of age attached : Birth Certificate Driver's License

Date of Birth _____ Eligible for Discount on:

December 2 - March 1	March 1
March 2 - June 1	June 1
June 2 - September 1	September 1
September 2 - December 1	December 1

Circle proof of income attached: Prior Year Federal Tax Return Pharmaceutical Assistance Certificate

Section 2

Circle proof of disability: Social Security Act, 42 USC sec 301 - total and permanent disability

US Department of Veteran's Affairs - 60% rating or higher

Circle proof of income attached: Prior Year Federal Tax Return Pharmaceutical Assistance Certificate

Applicant Certification

Rental Units are not eligible for discount. The above address is for my New Jersey residence. I understand that to maintain the discount, I must submit a copy of my Federal Tax Return to the Clerk prior to April 20th every year. If I fail to do so, I understand my discount will be removed effective April 20th. I further understand that no reminder will be given to me and that if the discount is removed I must reapply with all original documentation. I certify all facts presented are true and accurate.

_____ _____

Application will not be considered until applicant signs above. Date

OFFICIAL USE ONLY

_____ _____ _____ _____

Received by Date Approved By Date

	Yes	No		Yes	No
Account in applicant name	☐	☐	Age	☐	☐
Income below $10,000	☐	☐	Disability	☐	☐