

# CITY OF GILLETTE

## 2026 SENIOR CITIZEN/DISABILITY UTILITY RATE PROGRAM APPLICATION

MAXIMUM GROSS INCOME LIMIT:

**SINGLE HOUSEHOLD \$39,125.00**

**HOUSEHOLD (2 OR MORE) \$52,875.00**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

New Applicant \_\_\_\_ Renewal \_\_\_\_

List ALL residents at this address	Birth Date	Relationship
		Applicant / Utility holders name

*UTILITIES ACCOUNT MUST BE IN THE NAME OF THE PERSON RECEIVING SOCIAL SECURITY*

**DO YOU OR A HOUSEHOLD MEMBER FILE INCOME TAXES?** \*YES \_\_\_\_ NO \_\_\_\_

\* (If yes, attach a copy of the signed 2025 Income Tax return along with all supporting documentation)

→ COPIES OF ALL 2025 INCOME FOR EACH HOUSEHOLD MEMBER MUST BE ATTACHED.  
THIS INCLUDES THE SOCIAL SECURITY LETTER AS WELL AS TAX RETURNS  
FOR YOU AND EACH HOUSEHOLD MEMBER IF APPLICABLE.

I, \_\_\_\_\_, certify that the information and attachments provided by me are true and correct. I understand that any misrepresentation will result in termination of the reduced account, and any reduction credited to my account shall be billed to me with my next utility bill at its normal full rate. I understand that the utility discount is specific to my current address and will not automatically follow me to a new location, therefore, it is my responsibility to notify the City Clerk's Office of any address changes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### COMPLETED RENEWAL APPLICATION DUE DATES:

February 15, 2026 if taxes WERE NOT filed

April 15, 2026 if taxes WERE filed

**FAILURE TO RENEW BY THE DEADLINE FORFEITS YOUR DISCOUNT UNTIL JANUARY OF 2027**



FOR CONVENIENCE AND EFFICIENT PROCESSING TIME, PLEASE EMAIL YOUR APPLICATION AND INCOME DOCUMENTS TO [CLERKS@GILLETTEWY.GOV](mailto:CLERKS@GILLETTEWY.GOV)

**↓↓↓ CLERK'S OFFICE USE ONLY ↓↓↓**

<b>Household Gross Annual Income</b>	<b>Head of Household Income</b>	<b>Spouse/Partner &amp;/or Other(s) Income</b>
Wages of all household members		
Social Security		
SSI		
Retirement or Pensions		
Rental Income		
Capital Gains		
All Other Income		
<b>TOTAL GROSS INCOME</b>	<b>\$</b>	

**I, Alicia Allen, City Clerk, do hereby certify that the above applicant is hereby approved for the 2026 Senior Citizen/Disability Utility Discount Rate Program.**

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
City Clerk or Designee  
PO Box 3003, Gillette, WY 82717    (307) 686-5210