

**CITY OF GILLETTE**  
**2020 SENIOR CITIZEN/DISABILITY UTILITY RATE PROGRAM APPLICATION**

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

PHYSICAL ADDRESS: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

UTILITY ACCOUNT NUMBER: \_\_\_\_\_ New Applicant\*      Renewal\*\*

| List all residents at this address | Birth Date | Relationship |
|------------------------------------|------------|--------------|
|                                    |            |              |
|                                    |            |              |
|                                    |            |              |

*(The following income information will be completed by the Clerk's Office, based on the documents provided by the Applicant)*

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

Maximum gross income limit ~ single household \$31,225. Maximum gross income limit ~ household \$42,275

**NOTE: ALL HOUSEHOLD INCOME FROM THE PREVIOUS YEAR (2019) IS USED IN DETERMINING ELIGIBILITY**

**DO YOU FILE INCOME TAX?**     Yes     No

(If yes, attach a copy of your **signed** 2019 Income Tax return along with all supporting documentation)

**\*NEW APPLICANT:** If under the age of 65, please attach **award letter** from Social Security, which states the date applicant was deemed disabled and qualified for Social Security benefits. Attach ALL 2019 income for EACH household member.

**\*\* RENEWAL:** Attach copies of ALL 2019 income for EACH household member.

I certify that the information and attachments provided by me are true and correct to the best of my knowledge. 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.

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

\_\_\_\_\_  
Date

**I, Cindy Staskiewicz, City Clerk, do hereby certify that the above applicant is hereby approved for the 2020 Senior Citizen/Disability Utility Discount Rate Program.**

\_\_\_\_\_  
Cindy Staskiewicz, City Clerk ~ 686-5210

\_\_\_\_\_/\_\_\_\_\_/2020  
Date

Copy sent to Customer Service \_\_\_\_/\_\_\_\_/2020