



City of Columbia Heights

3989 Central Ave. N.E. Columbia Heights, MN 55421 Office (763) 706-3640

2024 APPLICATION FOR LOW-INCOME SENIOR CITIZEN UTILITY RATE

I hereby request that I be given reduced rates as authorized by the City Council on minimum water service, garbage pickup, and disposal. I am a senior citizen, and the **total income of my household** does not exceed \$47,700.00 a year.

Name: _____ Age: _____

Address: _____ Phone: _____

Spouse's Name: _____ Age: _____

INCOME EARNED IN 2023:		
My Social Security:	\$ _____ per month	\$ _____ yearly
My Pension:	\$ _____ per month	\$ _____ yearly
Spouse's Social Security:	\$ _____ per month	\$ _____ yearly
Spouse's Pension:	\$ _____ per month	\$ _____ yearly
OTHER INCOME EARNED IN 2023:		
What source:	\$ _____ per month	\$ _____ yearly
Interest on stocks, bonds, savings, etc.	\$ _____ per month	\$ _____ yearly

OTHER PEOPLE LIVING IN YOUR HOUSEHOLD:

Name: _____ Relationship: _____ 2023 Income: \$ _____

Name: _____ Relationship: _____ 2023 Income: \$ _____

➤ **You must enclose copies of all that apply to your household if you cannot provide a completed M1PR:**

- Social Security..... Benefit Statement or bank statement as proof of deposit
- Pension..... Award Letter or bank statement as proof of deposit
- Employment..... Two most recent pay stubs & most recent Federal Income Tax Return
- Rental Income..... Last two complete Federal Income Tax Returns including Schedule E

I hereby declare under penalties of perjury that the foregoing is true and correct in respect to the information submitted, that I have no other income other than that itemized above, that I meet the following requirements:

1. *I am 62 years of age or older.*
2. *I occupy a single family or double bungalow unit for which I am responsible for water, sewer, and garbage pickup billed to me directly by the City of Columbia Heights.*
3. *I certify that my/our combined household income is \$47,700.00 per year or less.*

I acknowledge that this certification must be filed yearly with the City Clerk. I also authorize the City of Columbia Heights to verify all sources of income to validate this application.

Signature: _____ Date: _____

FOR UTILITY BILLING USE ONLY	Account #	Date Received	Approved/Disapproved
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