



## SENIOR CITIZEN'S APPLICATION FOR DISCOUNT ON WATER/SEWER RATES

### BASIC INFORMATION – PLEASE COMPLETE.

1. Applicant's Full Name (last, first, middle initial)	
2. Social Security Number/TIN # <i>SSN/Tax identification number required pursuant to Philadelphia Water Regulation Section 305.2. Number will be used for income and age verification.</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Applicant's Date of Birth	
4. Property Address (Street Number, Street Name, Zip Code)	
5. Water Bill Account #	
6. Mailing address, if different from property address (Street Number, Street Name, Zip Code)	
7. Home phone and/or cell phone	
8. Email	
9. Is this your primary residence?	Yes; number of years residing at this residence. <input type="text"/> No <input type="text"/>
10. Is a part of the property rented/used for business?	Yes <input type="text"/> No <input type="text"/>
11. Do you own or rent this property?	Own <input type="text"/> Rent <input type="text"/>

By signing this application, I hereby certify that the information furnished herein is true, correct and complete to the best of my knowledge. I understand that if I knowingly make a false statement herein, I am subject to such penalties as may be prescribed by statute or ordinance. I authorize any third party to release to the City of Philadelphia any information, financial or otherwise, necessary to certify the validity of this application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**CITY OF PHILADELPHIA  
DEPARTMENT OF REVENUE**

1401 John F. Kennedy Boulevard  
Municipal Services Building, Concourse Level  
Philadelphia, PA 19102

**ADDITIONAL INFORMATION MAY BE REQUIRED TO VERIFY HOUSEHOLD INCOME.**

**Please list the full name and SSN/TIN# of each individual residing at your residence.**

*SSN/Tax identification number required pursuant to Philadelphia Water Regulation Section 305.2.*

*Number will be used for income and age verification.*

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Age \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name \_\_\_\_\_

Relationship \_\_\_\_\_ Age \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name \_\_\_\_\_

Relationship \_\_\_\_\_ Age \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name \_\_\_\_\_

Relationship \_\_\_\_\_ Age \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Mail completed application to:**

**Philadelphia Department of Revenue  
PO Box 41496  
Philadelphia, PA 19101-1496**

**Return the application in person to:**

**Municipal Services Building  
1401 John F. Kennedy Boulevard, Concourse Level  
Philadelphia, PA 19102**

**For more information, please visit [phila.gov/revenue](http://phila.gov/revenue) or call 215-686-6880.**

Por favor llene esto en Ingles. Para servicios de traducción, llame por favor (215) 686-6880.

Данная форма должна быть заполнена на Английском языке. Для помощи с переводом, пожалуйста, обращайтесь по телефону (215) 686-6880.

Cette forme doit être complétée en anglais. Pour des services de traduction, appelez SVP (215) 686-6880.

表格必用英填写。如有翻服需要, 致 (215) 686-6880.



## SENIOR CITIZEN'S DISCOUNT ON WATER/SEWER RATES STATISTICAL INFORMATION AND VERIFICATION

*If you are a senior citizen you may be entitled to a discount on your water/sewer bills. You must, however, be 65 years of age or older and your annual combined income for you, your spouse and all members of your household cannot exceed \$32,000. You may file the application based on income for the prior calendar year.*

### Eligibility Requirements

1. To be eligible for Senior Citizen's Discount on water/sewer rates, the applicant must be age 65 or older.
2. The applicant must be responsible for making payments directly to the City for water/sewer service for the address listed on the application.
3. The applicant must reside at the address listed on the application.
4. The applicant must meet income requirements.

**Note:** If the applicant owns several properties, the applicant will receive the discount for only that one property at which the applicant resides.

The following types of documents will generally be accepted as proof of age:

- Valid Driver's License
- A document issued by the Social Security Administration clearly showing date of birth (a Medicare Card or Social Security Card will not be acceptable)
- Birth certificate/Hospital birth record established during the first few years of life and certified by the custodian of the record
- Passport or naturalization papers
- Military discharge papers (if age is shown)

**Income Requirements.** You must report all items of income. Examples of income which must be reported are listed below.

(NOTE: Income is not limited to this list):

- **SOCIAL SECURITY, SSI AND RAILROAD RETIREMENT:** You must include the total combined annual amount received by you, your spouse and members of your household while residing in your residence with you.
- **PENSION AND ANNUITIES:** The total amount of all types of pensions and annuities received during the reporting period for you, your spouse and members of your household while residing in your residence with you.
- **INTEREST, DIVIDENDS, AND CAPITAL GAINS:** The total amount of interest and dividends received or credited from any source during the reporting period, except the sale of a residence. Report these items of income for you, your spouse and members of your household while residing with you. Capital losses may be used only to offset capital gains.
- **RENTAL INCOME:** Report the net rental income received for the reporting period for you, your spouse and all members of your household (*while residing with you*). If you receive rent for a **portion** of your home or apartment, it must also be included. Rental losses may be used only to offset rental income.
- **BUSINESS INCOME:** Report the total amount of business income received during the reporting period by you, your spouse and all members of your household (*while residing with you*). Business losses may be used only to offset business income.
- **SALARIES, WAGES, OTHER:** Report salaries, wages and all other income received during the reporting period by you, your spouse and members of your household (*while residing with you*).

### Examples of items which are not includable as income are:

Medicare benefits; food stamps or other relief supplied by a governmental agency; any Property Tax or Rent Rebate received under statutes of descent and distribution (*inheritance*); the amount of any damages received whether by civil suit or settlement agreement, because of personal injuries or sickness.