

Senior Citizen Utility Discount Application

Please fill out this application form. Once completed, print the form and submit it along with the required proof of age and income to your utility service provider.

1. Applicant Information

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Date of Birth (MM/DD/YYYY):	<input type="text"/>
Social Security Number (Last 4 digits):	<input type="text"/>
Street Address:	<input type="text"/>
City, State, ZIP Code:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>

2. Utility Account Information

Utility Provider Name:	<input type="text"/>
Utility Account Number:	<input type="text"/>
Name on the Account:	<input type="text"/>
Service Address (if different from above):	<input type="text"/>

3. Household and Income Verification

Please provide household details to verify eligibility based on income guidelines.

Number of Persons Living in Household:	<input type="text"/>
Total Annual Household Income (Gross \$):	<input type="text"/>
Primary Source of Income (e.g., Pension, Social Security, Wages):	<input type="text"/>

4. Declaration and Signature

By signing below, I certify under penalty of perjury that the information provided in this application is true, accurate, and complete to the best of my knowledge. I authorize the utility provider to verify any information necessary to determine my eligibility.

Applicant Signature (Sign on the line):	<input type="text"/>
Date Signed (MM/DD/YYYY):	<input type="text"/>