



## City of Hogansville

### APPLICATION FOR UTILITY SENIOR DISCOUNT

Date of Birth \_\_\_\_\_ A/C # \_\_\_\_\_ SSN \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

Hogansville, GA 30230 Phone \_\_\_\_\_

Other Household Members (Attach list if more than three)

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Attach Federal Tax Return or Complete the Following:

Monthly Income	Applicant	Spouse	Other	Total
Social Security				
SSI				
Public Assistance				
Pensions				
Salary & Wages				
Rental Income				
Interest Income				
Other (Specify)				
Total Monthly Income				

I hereby swear under penalty of perjury that the information provided hereon is true and correct to the best of my knowledge and belief. I further swear that I have provided a true and correct copy of the federal income tax returns for each individual listed on this application for the most current year available. If I (we) are not required to file a federal tax, I have attached other proof of income. (Bank Statement, Social Security Administration notice of benefits, Veterans Administration notice of benefits, etc.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary \_\_\_\_\_ Date \_\_\_\_\_