



CITY OF HOGANSVILLE

Application for Utility Senior Discount

Date of Birth: A/C #: SSN:

Name: _____
 Address: _____ Apt #: _____

Hogansville, Georgia 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	Other	Total
Social Security:					
S.S.I.:					
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 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: _____
 Notary: _____

Date:
 Date: