

City of Palmer
Application for Senior Citizen Fixed Minimum Service Rate

APPLICANT

Last Name	First Name	MI	Date of Birth
_____	_____	_____	_____

CO-APPLICANT

Last Name	First Name	MI	Date of Birth
_____	_____	_____	_____

OTHER OCCUPANT(S)

Last Name	First Name	MI	Relationship
_____	_____	_____	_____
Last Name	First Name	MI	Relationship
_____	_____	_____	_____

RESIDENCE

Address	City, State	Zip Code	Telephone
_____	_____	_____	_____
Mailing Address (if different)	City, State	Zip Code	Telephone
_____	_____	_____	_____

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RESOURCES-APPLICANT

Do you have:

a Checking account?	Financial Institution Name	Balance
_____	_____	\$ _____
a Savings account?	Financial Institution Name	Balance
_____	_____	\$ _____
any CDs?	Financial Institution Name	Current Value
_____	_____	\$ _____
Stocks and/or Bonds?	Financial Institution Name	Current Value
_____	_____	\$ _____

RESOURCES-CO-APPLICANT

Do you have:

a Checking account?	Financial Institution Name	Balance
_____	_____	\$ _____
a Savings account?	Financial Institution Name	Balance
_____	_____	\$ _____
any CDs?	Financial Institution Name	Current Value
_____	_____	\$ _____
Stocks and/or Bonds?	Financial Institution Name	Current Value
_____	_____	\$ _____

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INCOME-APPLICANT

Type of Income	Amount Received	How often received?
_____	\$ _____	_____
Source of Income		

Type of Income	Amount Received	How often received?
_____	\$ _____	_____
Source of Income		

INCOME-CO-APPLICANT

Type of Income	Amount Received	How often received?
_____	\$ _____	_____
Source of Income		

Type of Income	Amount Received	How often received?
_____	\$ _____	_____
Source of Income		

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MEDICAL EXPENSES-APPLICANT

Expense	Agency/Provider Name	Amount
_____	_____	\$ _____
Expense	Agency/Provider Name	Amount
_____	_____	\$ _____
Expense	Agency/Provider Name	Amount
_____	_____	\$ _____
Expense	Agency/Provider Name	Amount
_____	_____	\$ _____
Expense	Agency/Provider Name	Amount
_____	_____	\$ _____
Expense	Agency/Provider Name	Amount
_____	_____	\$ _____
Expense	Agency/Provider Name	Amount
_____	_____	\$ _____
Expense	Agency/Provider Name	Amount
_____	_____	\$ _____

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MEDICAL EXPENSES-CO-APPLICANT

Expense	Agency/Provider Name	Amount
_____	_____	\$ _____
Expense	Agency/Provider Name	Amount
_____	_____	\$ _____
Expense	Agency/Provider Name	Amount
_____	_____	\$ _____
Expense	Agency/Provider Name	Amount
_____	_____	\$ _____
Expense	Agency/Provider Name	Amount
_____	_____	\$ _____
Expense	Agency/Provider Name	Amount
_____	_____	\$ _____
Expense	Agency/Provider Name	Amount
_____	_____	\$ _____
Expense	Agency/Provider Name	Amount
_____	_____	\$ _____
Expense	Agency/Provider Name	Amount
_____	_____	\$ _____

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SIGNATURE STATEMENT

I certify that the information provided is complete and accurate. I understand that I am subject to criminal prosecution if I have knowingly provided false information. I authorize the City of Palmer to enroll me in the Senior Citizen Fixed Minimum Service Rate Program upon determining my eligibility. If I receive assistance and do not accurately disclose all sources of income, the City of Palmer can recover the actual cost of my utility bills for the period that I was ineligible. I understand that I must reside in the residence where the reduced rate is being applied. The reduced rate is not transferable. If I move, I must reapply. I understand that I am subject to yearly review, therefore, I must submit a new application annually to remain in the program. If my household income, resource or housing status changes, I agree to promptly notify the City of Palmer within thirty days of the change occurring.

Applicant Signature

Date

Co-Applicant Signature

Date

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APPLICANT CERTIFICATION:

- Any person who knowingly and with the intent to defraud or deceive the City of Palmer, files an application containing materially false, incomplete or misleading information is guilty of a crime and may be liable for civil penalties.

PRIVACY ACT:

- The Citizens' Committee requests the information on this application form to carry out the task of evaluating your ability to participate in the Elderly Reduced Water Rate program.
- All of the information you supply will be treated as confidential by the Citizens' Committee and will not be disclosed to anyone else without your written authorization, except to the extent necessary for the conduct of our business and not contrary to any law. For example, information may be provided to authorities when necessary to prevent or prosecute fraud or other illegal activities.

APPLICATION DENIAL:

- If your application is denied, you will receive a written notice of the denial from the Citizens' Committee. The notice will explain the reason for the denial and the review process.
- You may request a review of the denied application. The request must be submitted to the Citizens' Committee in writing within 30 days after you receive the notice. You must include your reasons for requesting the review.
- The Citizens' Committee will review your claim and notify you of its final decision within 60 days of receipt of your request. If special circumstances require an extension of time, you will be notified of such extension during the 60 days following receipt of your request.

NOT ELIGIBLE:

- If an individual is denied coverage under this ordinance, and it is later determined that that classification was in error, that individual shall become eligible for coverage only prospectively from the date the error is discovered and acknowledged by the Citizens' Committee.

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STATUS CHANGE DURING THE COVERAGE YEAR:

- If you experience a change in your status, such as, adoption, having a dependent move back in with you, inheriting monies from a relative, winning the lottery, or any other incident that would otherwise disqualified you as a participant in the program, you must notify the Citizens' Committee in writing within 30 days of the event.

REMOVAL FROM THE PLAN:

- If you receive benefits from this Ordinance and it is later determined that you were not entitled to any or part of those benefits, the City of Palmer may collect the difference between the amount of the reduced water bill you received and the amount that you should have paid for your actual water usage based on your water meter reading for that period of time.
- The reimbursement required under this provision will not be reduced to reflect any costs or attorneys' fees incurred by you in defending your position unless separately agreed to, in writing, by the Citizens' Committee.

OTHER LEGAL INFORMATION:

- The City of Palmer, at any time, and from time to time, without liability, may terminate this Ordinance or amend any of its provisions.

Applicant Signature

Date

Co-Applicant Signature

Date

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Verification Methods

Age

- Valid Texas Driver's license or Identification card
- Birth certificate
- Hospital or public health records
- Church or baptismal record

Resources

- Current bank statement(s) dated within the last three months, for each account that the applying Senior Citizen(s) has
- Statement from bank official

Income

Social Security and Supplemental Security Income (SSI)

- Check or copy of check
- Current award notice, letter, or written statement from Social Security Administration
- Direct deposit slip

Retirement Benefits and Pensions

- Check or copy of check
- Statement from company or entity disbursing funds
- Current award notice, letter, or written statement from Social Security Administration

Social Security Disability Income (RSDI)

- Check or copy of check
- Current award notice, letter, or written statement from Social Security Administration
- Direct deposit slip

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Veteran's Administration Benefits

- Current award notice, letter, or statement from VA
- Check or copy of check

Labor and Industry Benefits

- Check or copy of check
- Statement from company or entity disbursing funds

Interest Income on Savings, Bonds, Annuities and Dividends

- Current bank statement(s)
- Statement from bank paying interest and dividends

Royalties

- Check or copy of check
- Statement from company or entity disbursing funds

Property Income

- Check or copy of check
- Business records

Wages, Contractual Earnings and Self Employment

(use formula as noted herein to determine applying household's monthly income)

- Check or copy of check
- Check stub issued in the last 60 days
- Wage withholding statements
- Most recent IRS tax return
- Letter from employer verifying current income and frequency of payment

Worker's Compensation

- Current award notice, letter, or statement from a claims adjuster, Attorney or insurance company
- Check or copy of check

Unemployment Income

- Current award notice, letter, or statement from Texas Workforce Commission (TWC)
- Check or copy of check

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Application for Senior Citizen Fixed Minimum Service Rate

Other Income

- Most recent proof of other income received
- Check or copy of check
- Previous year's 1040 or 1040 EZ form submitted to IRS

Medical Expenses

- Bills or copies of bills and/or receipts from providers of health insurance, services, and products
- Statements from providers Note: If covered by insurance this statement needs to show balance due after insurance pays)
- Health insurance policies
- Statement from a qualified health professional stating that over-the-counter medication, medical equipment, or supplies are prescribed.