



APPLICATION FOR WAIVER OF MINIMUM WATER BILL

To the Board of Trustees, Marion Water Department:

In accordance with Resolution No. 322, "Resolution Providing for Waiver of Minimum Billings," this application is submitted for a waiver of minimum bill for the following single-family dwelling:

Account #:		Application is submitted under the following qualification:	Check one:
Address:			<input type="checkbox"/> Minimum age of 65 years
Phone #:			<input type="checkbox"/> Total Disability

Applicant's Name:		Date of Birth:	
Spouse/ Co-Tenant(s):		Date of Birth:	
		Date of Birth:	
		Date of Birth:	

VERIFICATION OF INCOME LEVEL/QUALIFICATION UNDER THE AGE/DISABILITY REQUIREMENT

Applicants must submit proof of their total annual income, including income from spouses and/or co-tenants (total annual income includes ALL sources for ALL persons living in the household).

- Documentation to submit includes: a copy of your most recent Social Security benefit amount statement and IRS tax return, if filed
- Additional documentation to submit, if applicable: wages, salaries, pension benefits, bank interest, capital gains from investments, rental or business income, and IRA distributions

STATEMENT

- I certify that I am the resident of this single-family dwelling and am responsible for payment of the water bill
- I certify that I am 65 years of age or older OR am totally disabled
- I certify that my total annual income, from all sources, is at or below the \$24,030 maximum

Applicant's Signature: _____ Date: _____

This application will be effective for the fiscal year July 1, 2016 to June 30, 2017.
Should you have questions, please call (319) 743-6310 or email JStark@cityofmarion.org.

Return form and required documentation to the address below:

Marion City Hall | Water Department
 1225 6th Avenue, Suite 150 Marion, Iowa 52302
 Ph: 319-743-6310 Fx: 319-377-7892
www.cityofmarion.org