



# CITY OF KEIZER 2020

## Disabled Member Living in Household

### *Sewer Rate Assistance Program*

The City of Keizer, in conjunction with the City of Salem, is continuing a sewer rate assistance program for disabled Head of Household citizens. This program is available to eligible citizens who are residents of the City of Salem, City of Keizer, East Salem Sewer District, and other areas served by the City of Salem sewer service.

To determine if you are eligible for this program, please answer the following questions:

- Are you presently receiving a senior citizen sewer discount?
  - Yes
  - No
- 1. Do you live in a single-family residence and are you responsible for the sewer bill?
  - Yes
  - No
- 2. Is the total combined gross household income equal to or less than 30 percent of the Salem area median income?  
**\*\*Household size and income limits\*\***

1 - \$24,550.00	3 - \$39,657.00
2 - \$32,103.00	4 - \$47,210.00

*\*Household income is defined as the total income of all people living with you in your residence for the last calendar year (income wages, Social Security, interest earnings, investments and dividend income, public assistance payments, etc.).*

If you answered **yes** to questions 2, 3, and no to question 1, you qualify for this program.

Please fill out the back part of this application and return to the **Utility Billing Department, PO Box 21000, Keizer, OR 97307 (503) 390-8280.**

Please be sure to attach the required documentation for your qualifying circumstance:

1. Written statement from a medical doctor or government agency indicating applicant is disabled and unable to obtain gainful employment due to the disability, if of age to work in Oregon.
2. A copy of the most recent tax return, social security annual statement, or annual retirement statement for proof of income.

*Program is subject to change*

# Disabled Member Living in Household SEWER RATE ASSISTANCE PROGRAM 2020

**If you have any questions or need additional information, please contact the Utility Billing Department at 503-390-8280**

**If you are applying for the first time, the discount will start with the first bill after your application has been accepted.**

Please Print

NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS (if different) \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ LAST 4 DIGITS OF SOCIAL SECURITY NO \_\_\_\_\_

DO YOU OWN YOUR OWN HOME?                      Yes    No

**DOLLAR AMOUNT OF YOUR ANNUAL HOUSEHOLD INCOME\*** \_\_\_\_\_

*\*Income derived from all members of household and from all sources for last calendar year. (Income includes pension, wages, Social Security, interest earnings, investment and dividend income, public assistance payments, etc.).*

I certify that the above information is true. If conditions change, I will notify the Utility Billing Department at 930 Chemawa Rd NE, Keizer, OR 97303. 503-390-8280.

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