



CITY OF KEIZER 2020

SENIOR CITIZENS

Sewer Rate Assistance Program

The City of Keizer, in conjunction with the City of Salem, is continuing a sewer rate assistance program for low-income senior citizens. This program is available to eligible citizens who are residents of the City of Keizer.

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

1. **Are you 60 years of age or older?**
 - Yes
 - No
2. **Do you pay for housing without receiving housing assistance payments from a local housing authority?**
 - Yes
 - No
3. **Is the total income from all members of your household 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 all three questions, 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. Driver's license or birth certificate for proof of age.
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

SENIOR CITIZENS 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** _____