

**City of Denham Springs
UTILITY BILLING DEPARTMENT**

941 Government Drive
Denham Springs, LA 70726
Phone 225 667-8330

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Denham Springs, LA 70727-1629
Email utilities@cityofdenhamsprings.com

**APPLICATION & CERTIFICATION FOR
SENIOR CITIZEN SEWER AND GARBAGE FEE DISCOUNT**

Requirements: Annual certification required for continued eligibility • Age 65 years or older
Household Income \$1500.00 per month or less • Reside inside City Limits • Verification required

TYPE OR PRINT

HEAD OF HOUSEHOLD _____
(Last) (First Name) (Middle Initial)

ADDRESS _____ Denham Springs, LA 707 _____
(Street Number) (Street) (Zip)

AGE _____ DATE OF BIRTH ____/____/____ PHONE (____) _____
Month Day Year

City of Denham Springs UTILITY ACCOUNT NUMBER _____

	NAME	AMOUNT
1. Social Security Check (Head)	_____	\$ _____
2. Social Security Check (Spouse)	_____	\$ _____
3. SSI (Head)	_____	\$ _____
4. SSI (Spouse)	_____	\$ _____
5. Source of Other Income	_____	\$ _____
6. Income from Other Household Members	_____	\$ _____
TOTAL MONTHLY HOUSEHOLD INCOME		\$ _____

By signing this application, I (we) authorize the City of Denham Springs to examine any financial records that relate to income earned by the applicant as stated on the application and further authorize the release of said information by any party to the City of Denham Springs. **I (we) understand that this form must be submitted annually to remain eligible for the reduced fees.**

I (we) declare under the penalties of perjury that this return or claim certification has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. I (we) agree to immediately report to the City of Denham Springs any changes in income and acknowledge that any false statements may make me (us) subject to all applicable criminal and/or civil penalties, including, but not limited to, being liable for reimbursement to the City of Denham Springs for any reduction in rates authorized by virtue of this application.

_____	_____	_____
WITNESS	SIGNATURE OF APPLICANT	DATE
_____	_____	_____
WITNESS	SIGNATURE OF APPLICANT	DATE