



APPLICATION FORM TOWN OF NEDERLAND Utility Rate Reduction Program 2019

THE ENTIRE APPLICATION FORM MUST BE COMPLETED, SIGNED AND RETURNED.

The Rate Reduction Program provides a discount off your water/sewer bill, subject to the limitations stated below, if you meet all of the following eligibility requirements and income limits. To apply for this discount, please complete and mail or return this application to:

Nederland Town Hall at 45 West First St, PO Box 396, Nederland, CO 80466.

Any questions may be directed to 303-258-3266 X4010.

ELIGIBILITY REQUIREMENTS:

- Applicant must be at least 62 years old or disabled and a full-time resident of the Town of Nederland
- Household income must not exceed the limits listed below (185% of the federal poverty guidelines)
- Applicant must be the homeowner and their Nederland property **must be their permanent residence**, OR;
 - The Applicant must be the full-time resident tenant who is responsible for payment of the water/sewer bill at the property.
- The water/sewer account in question must be paid current, and maintain an on-time payment history for all quarterly billings.

MAXIMUM HOUSEHOLD INCOME LIMITS:

The total combined annual gross income of Applicant’s household, based on the total number of persons who live in the home, must not exceed the following limits:

For the year 2019:

1 person	\$23,106.50	4 persons	\$47,637.50
2 persons	\$31,283.50	5 persons	\$55,814.50
3 persons	\$39,460.50	6 persons	\$63,991.50

For the purpose of the Rate Reduction Program, the definition of *Income* means total income, including but not limited to salaries, wages, tips, employee compensation, interest, dividends, business or farm income, rents, royalties, social security benefits, public and private pension payments, annuities, support money, cash, public assistance and relief, veterans' benefits (except service-connected disability payments), workers' compensation and unemployment compensation benefits [N.M.C. Section 13-1].

TERM OF DISCOUNT: You will receive the discount for a period of **two (2) years** after your application is approved by the Town. Prior to the end of the two-year term you will be requested to renew your application. If you do not renew your application, your discount will be discontinued.

LIMIT OF DISCOUNT: The amount of the utility rate discount shall be the waiver of base fees for water and sewer for a residential unit.

ACCEPTABLE DOCUMENTS TO PROVE ELIGILITY

Proof of Age

For seniors, any one of the following documents will be accepted as proof of age:

- 1) Birth certificate
- 2) Current CO State Driver's License or ID listing DOB
- 3) Medicare card
- 4) Social Security Administration document

Proof of Disability

For disabled residents, any one of the following documents will be accepted as proof of disability:

- 1) Social Security Administration document
- 2) State Disability Program document
- 3) Document from a qualified private disability insurance program

Proof of Income

Either of the following documents will be accepted as proof of income:

- 1) Federal Income Tax Return.
- 2) Evidence of qualifying for the Low-Income Energy Assistance Program (LEAP) of the Colorado Department of Human Services.

Proof of Residence/Utility Payment Responsibility

If applicant is the property owner, the fact that they are the name of record on the water/sewer account is sufficient evidence for proof of residence.

If applicant is a resident tenant, either of the following documents will be accepted as proof of residence/responsibility of utility bill payment:

- 1) A copy of the rental agreement or lease indicating that payment of the water/sewer bill is the responsibility of the tenant (applicant).
- 2) A letter from the property owner stating that payment of the water/sewer bill is the responsibility of the tenant (applicant).

APPLICANT INFORMATION

Last Name _____ First Name _____ M.I. _____

Physical Address _____ Mailing Address _____

Phone: _____ Number of Persons in Household _____

Date of Birth _____ Total Annual Household Income \$ _____

Property Owner or Resident Tenant

If tenant, property owner's contact information:

Name: _____ Phone Number: _____

I certify that I am either the property owner OR the resident tenant at the above-listed residence, and that I am responsible for payment of water/sewer bills at that address.

Initials

I certify that the above-listed address is my primary, full-time residence.

Initials

I certify that the above information is true and accurate to the best of my knowledge. I agree to immediately report any change in eligibility. I agree to repay any cost exemptions received should I receive them while ineligible.

Signature _____ Date _____

Copies of proof of age or disability, proof of income and proof of residence must accompany this application. The copies must remain with this application.

For Use by Utility Department

Proof of Age (if applicable):

- Birth certificate
- Current CO State Driver's License or ID listing DOB
- Medicare card
- Social Security Administration document

Proof of Disability (if applicable):

- Social Security Administration document
- State Disability Program document
- Document from a qualified private disability insurance program

Proof of Income:

- Federal Income Tax Return
- LEAP-qualified

Proof of Residence/Utility Payment Responsibility:

- Property owner, name of record on the water/sewer account
- Resident tenant, copy of rental agreement indicating payment responsibility
- Resident tenant, letter from property owner indicating payment responsibility

Utility account balance paid in full: Yes No

Utility Account Number: _____

Approved _____ Denied _____

If denied, reason for decision: _____

Billing date when discount begins: _____

Re-application due date: _____

Signed:

Utility Clerk

Date

Supervisor

Date