



# APPLICATION FORM TOWN OF NEDERLAND 2021 Utility Rate Reduction Program

**ALL SIX (6) PAGES OF THIS DOCUMENT 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 [katm@nederlandco.org](mailto:katm@nederlandco.org) or 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 primary and full-time 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 2021:**

1 person	\$23,828	4 persons	\$49,025
2 persons	\$32,227	5 persons	\$57,424
3 persons	\$40,626	6 persons	\$65,823

**TERM OF DISCOUNT:** You will receive the discount for a period of **one (1) year** after your application is approved by the Town. Prior to the end of the one-year term you will need 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 (if applicable) for a residential unit.

# ***ACCEPTABLE DOCUMENTS TO PROVE ELIGIBILITY***

## **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

## **Proof of Disability**

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

- 1) Social Security Administration document
- 2) State Disability Program document

## **Proof of Income**

- 1) Federal Income Tax Return (page 1 & 2).
- 2) Income related documents as outlined in 4.A, 4.B and/or 4.C (page 4).

## **Proof of Residence/Utility Payment Responsibility**

If applicant is the property owner, the following documents will be accepted as proof of residence:

- 1) A current utility bill dated within 60 days (excluding Town of Nederland utility bill).
- 2) A credit card or bank statement dated within 60 days with physical property address listed.  
Letters from financial institutions will not be accepted.

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 current 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 the monthly rental amount, the term of tenancy, and that payment of the water/sewer bill is the responsibility of the tenant (applicant).

**1. APPLICANT INFORMATION**

Last Name	First Name	Middle Name	
Address of Residence		Phone Number	
Mailing Address (If different than residence)	City	State	Zip Code
Email Address		Date of Birth	

**2. OTHER HOUSEHOLD MEMBERS**

Complete the following for any other members of your household. **“Your household”** means the people who live with you for whom you have financial responsibility. List roommates or members of other families that may be living with you in #3.

Name	Date of Birth	Relationship to You	Age	Do you have income?	
				Yes	No

**3. DOES ANYONE ELSE LIVE AT THIS ADDRESS?**  Yes  No

List roommates or members of other families that are not part of your household, and not listed in #2.

Name	Relationship to You	Age

## 4. HOUSEHOLD INCOME

A. Does anyone in your household have work income?  Yes  No

Who Receives It?	How Often Paid?	Gross Monthly Amount	Employer Name	Initial this box that you have attached copies of pay stubs for at least the 4 weeks prior to the date of application.

B. Does anyone in your household have self-employment work income? (Includes babysitting, etc.)  Yes  No

Who Receives It?	How Often Paid?	Gross Monthly Amount	Employer Name	Initial this box that you have attached copies of self-employment profit and loss statement (if applicable) for the month previous to the date of application.

C. Does anyone in your household have non-work income (including any public assistance programs) as listed below?

Yes  No

*Social Security Income (SSA), Supplemental Security Income (SSI), Supplemental Security Disability Income (SSDI), interest, dividends, business or farm income, rents, royalties, public and private pension payments, annuities, support money, cash, veteran's benefits (except service-connected disability payments), worker's compensation and unemployment compensation benefits.*

Who Receives It?	How Often Paid?	Gross Monthly Amount	Type of Non-Work Income as Listed Above	Initial this box that you have attached copies of award letters for the month previous to the date of application.

D. How did you pay for the following costs if your household income does not cover your basic living expenses?

Rent: \_\_\_\_\_

Utilities: \_\_\_\_\_

## **5. LIVING ARRANGEMENTS**

Check (v) the item below that best describes the dwelling where you currently reside and are applying for assistance.

- House/Modular Home       Duplex/Triplex/Fourplex       Townhouse       Apartment/Condominium  
 Mobile Home       Other Dwelling, Please Specify: \_\_\_\_\_

Do you rent?  Yes. If yes, what is your monthly rent? \$ \_\_\_\_\_

Do you have a mortgage payment?  Yes. If yes, what is your monthly mortgage payment? \$ \_\_\_\_\_; **OR**  
do you own your dwelling outright?  Yes

Do you pay a lot or space rental amount?  Yes. If yes, what is your monthly space rent payment? \$ \_\_\_\_\_

**What is the name and phone number of your landlord or property manager?**

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## **6. SUBSIDIZED HOUSING**

**Do you live in Section 8 housing, or do you receive a subsidy to pay your rent?**  Yes  No

If yes, attach copies of any housing assistance.

## **7. SIGNATURE AND ACKNOWLEDGEMENT**

***By signing below I understand, I acknowledge, and I agree that:***

1. 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.
2. The above listed address is my primary, full-time residence.
3. I will immediately report any change in eligibility.
4. I will repay any cost exemptions received, if received while ineligible.
5. All information provided is true and accurate.
6. If at any time during the benefit year, it is determined that I have provided false information, I will immediately be removed from the Rate Reduction Program and will not be eligible to reapply for one (1) year from said date of determination.
7. The Utility Department may request at any time, additional information or documentation as deemed necessary to make a determination of eligibility, or a determination of continued participation in the Rate Reduction Program.
8. The water/sewer account must be paid current and maintain an on-time payment history for all quarterly (or monthly, if applicable) billings. Once the account is in a Past Due status, the applicant will be removed from the Rate Reduction Program and will not be eligible to reapply for one (1) year from the date the account became past due.

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

*Signature of Applicant (must be the same person listed in #1, page 3)*

**For Use by Utility Department**

*Proof of Age (if applicable):*

- Birth certificate*
- Current CO State Driver's License or ID listing DOB*

*Proof of Disability (if applicable):*

- Social Security Administration document*
- State Disability Program document*

*Proof of Income:*

- Federal Income Tax Return*
- Pay stubs (#4A)*
- Self-employment documentation (#4B)*
- Non-work income (#4C)*
- Housing Subsidy (#6)*

*Proof of Residence/Utility Payment Responsibility:*

- Property owner, utility bill*
- Property owner, financial statement*
- 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*