

**LOPATCONG SEWER UTILITY
APPLICATION FOR SEWER USER CHARGE DISCOUNT**

GENERAL

Applicant Name: _____

Service Location: _____

Block/Lot/Qualifier : _____

Phone Number: _____

Email Address: _____

Is the service location a residential account? Yes No

Is the sewer account in your name? Yes No

Is your account current? Yes No

Do you own the unit or jointly own it with
your spouse or civil union partner? Yes No

Is the service address your primary residence? Yes No

If you have answered "no" to any of the above questions, you are NOT eligible for a discount.
If you answered "yes" to all the questions, you may be eligible for a discount based on age or
disability. In either case, you must meet certain income requirements.

DISCOUNT BASED ON AGE

Are you 65 years of age or older? Yes No

If you have answered "no" to the above question, you are NOT eligible for a discount based on age.

If you answered "yes", what is your date of birth? _____
mm/dd/yyyy

Please attach a copy of your driver's license or birth certificate and proceed to the income section.

DISCOUNT BASED ON DISABILITY

Are you totally and permanently disabled in accordance with the provisions of the Federal Social Security Act? Yes No

Do you have a disability rated as 60% or higher under the Federal law administered by the US Department of Veteran's Affairs? Yes No

If you answered "no" to both of the above questions, you are NOT eligible for a discount based on disability.

If you answered "yes" to either question, attach proof showing the disability and proceed to the income section.

INCOME REQUIREMENTS

Do you meet the eligibility requirements of the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program? Yes No

If yes, attach a copy of your PAAD card.

Is your total annual income equal to or less than \$10,000 after excluding one of the following:
(a) Social Security (b) federal pensions, disability and retirement programs received by persons excluded from Social Security benefits or (c) pension, disability and retirement programs of any state, political subdivision or agency for persons not covered by Social Security?

Yes No

If you answered "no" to both questions, you are NOT eligible for a discount.

If you answered "yes", fill out the attached Supplemental Income Form.

APPLICANT CERTIFICATION

I have carefully read the foregoing application and certify that my responses are accurate, complete and current as of this date. I acknowledge that the requirements to receive this sewer discount must be continually adhered to. Any material change in the information or documentation presented herein must be promptly reported to the Tax Collector. I further understand that to maintain the discount, I must submit the Supplemental Income Form by March 1st of every year. If I fail to do so, my discount will be discontinued. No reminder will be given to me and if the discount is removed, I must reapply with all original documentation.

Signature of Applicant

Date

\$250 REAL PROPERTY TAX DEDUCTION SUPPLEMENTAL INCOME FORM

(N.J.S.A. 54:4-8.40 et seq.; N.J.A.C. 18:14-1.1 et seq.)

THE BELOW INCOME DETAIL IS TO ENABLE THE COLLECTOR/ ASSESSOR TO DETERMINE WHICH ITEMS MAY BE EXCLUDED UNDER THE LAW AND TO DETERMINE WHETHER YOU MEET THE INCOME REQUIREMENTS OF THE LAW. THE ASSESSOR OR COLLECTOR MAY REQUEST THAT THIS INCOME STATEMENT BE SUBSTANTIATED BY FEDERAL INCOME TAX RECORDS. FAILURE TO COMPLY MAY RESULT IN LOSS OF YOUR SENIOR CITIZEN, DISABLED PERSON, SURVIVING SPOUSE, SURVIVING CIVIL UNION PARTNER PROPERTY TAX DEDUCTION.

Re: _____
(Applicant's name) (Address)

The undersigned submits the following statement of income to aid in the determination of eligibility for a senior citizen, disabled person, surviving spouse, or surviving civil union partner property tax deduction with respect to premises located at:

_____ Block _____ Lot _____ Qualifier _____
(County/Municipality)

INCOME FOR THE CALENDAR YEAR _____

***NOTE: If married, you must include spouse's income**
The tax assessor/collector will determine which of the below items will be EXCLUDED.

	<u>Applicant</u>	<u>Spouse</u>
1. Pension, Annuity, Retirement (PRIVATE)	\$ _____	\$ _____
2. Salary/Wages/ Tips/Bonuses/Commissions	_____	_____
3. Interest	_____	_____
4. Dividends (Ordinary and Qualified)	_____	_____
5. IRA Distributions	_____	_____
6. Capital Gains	_____	_____
7. Business Income	_____	_____
8. Income from Rents/Royalties	_____	_____
9. Unemployment	_____	_____
10. Alimony	_____	_____
11. Other income	_____	_____
12. Social Security Benefits	_____	_____
13. Federal Pension/Railroad Pension	_____	_____
14. State, County, Municipal Pension	_____	_____
15. Disability Benefits	_____	_____
Total Yearly Income (sum of items 1-15)	\$ _____	

<u>For Assessor/Collector Use Only</u>	
Excludable income \$ _____	Total income after exclusion \$ _____

I certify the above declarations are true to the best of my knowledge and belief and understand they will be considered as if made under oath and subject to penalties for perjury if falsified.

(Applicant's signature)

(Spouse's signature)