

City of Haverhill

Elderly / Low Income Water / Wastewater Discount Program

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION

Return Application to Billing Office, Room 300, 4 Summer Street, Haverhill, MA 01830

FISCAL YEAR _____ Water/Wastewater Account # _____

INSTRUCTIONS: Please print or type.

A. IDENTIFICATION. Complete this section fully. Date: ____ / ____ / ____

Name of Applicant: _____		Telephone: _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____			
Permanent Address: _____ *(If different)	No. _____	Street _____	City _____ Zip Code _____
Mailing Address: _____	No. _____	Street _____	City _____ Zip Code _____
Did you own the property?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, were you:		<input type="checkbox"/> Sole Owner <input type="checkbox"/> Co-Owner with Spouse Only <input type="checkbox"/> Co-owner with other	
Was the property subject to a trust?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please attach trust instrument including all schedules.			

B. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR.

Complete this section. Copies of your federal and state income tax return, and other documentation, may be requested to verify your income.

	Applicant & Spouse	Co-owner(s) & Spouses(s)
Retirement Benefits (Social Security, Railroad, and Federal)	_____	_____
Other Pensions and Retirement Allowances.....	_____	_____
Wages, Salaries and other Compensation.....	_____	_____
Net Profits from Businesses, Profession or Property Rental...	_____	_____
Interest and Dividends.....	_____	_____
Other Receipts (Capital Gains, Public Assistance, etc.).....	_____	_____
TOTALS	_____	_____

C. VALUE OF ALL PROPERTY OWNED ON JULY 1ST THIS YEAR. Complete this section.
Documentation may be requested to verify your assets.

Personal Estate		Balance
Bank Accounts: Name & Address of Bank		
_____	Checking	_____
_____	Saving	_____
_____	Other	_____
Other Assets		
		Value
Stocks, Bonds, Securities, etc. : Description		
_____		_____
_____		_____
Motor Vehicles & Trailers: Year, Make & Model		
_____		_____
_____		_____
Other Non-exempt Personal Property; Kind & Description		
_____		_____
_____		_____
	TOTAL	_____

D. SIGNATURE: Sign here to complete the application.

This application has been prepared or examined by me. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, this return and all accompanying documents and statement are true, correct and complete.

Signature

Date

If signed by agent, attach copy of written authorization to sign on behalf of taxpayer.