

**CITY OF SOUTH BEND - APPLICATION FOR UTILITIES DISCOUNT  
FOR LOW INCOME CITIZENS**

In order to qualify for the Low-Income Discount (**applies to service charge only**) for City utilities (Water & Sewer Only), you **must** meet **all** of the following criteria.

1. Must be owner or occupant (renter) at the service address where you receive a utility bill from the City in your name;
2. Must not live in a house or an apartment which is part of a Federally-subsidized House program where rent/utilities are supported by the Government;
3. Must reside at the address where City utilities are provided on a permanent basis as opposed to a seasonal, part-time or vacation basis. To qualify as a permanent resident, you must reside at the service address for a minimum of 180 days per year and receive mail locally all year; and
4. Discount applies as follows: *(Income levels will be adjusted annual according to the United States Dept of Health & Human Services Poverty Guidelines – [aspe.hhs.gov/poverty](http://aspe.hhs.gov/poverty))*

<u><b>Total Household Income</b></u>	<u><b>Discount</b></u>
\$27,321 - \$33,000	5%
\$21,641 - \$27,320	10%
\$15,961 - \$21,640	25%
\$15,960 and under	40%

**Application must be updated annually**

**IMPORTANT:** If you meet all of the criteria above, please carefully read the statement below, fill out the necessary information, and sign where indicated. Bring this document plus Driver’s License or other photo I.D. that will show your age or date of birth to South Bend City Hall at 1102 W. First Street. Do not mail or fax this form. It must be delivered in person. Any request is **NOT** retroactive.

**By signing below, I hereby certify under the penalties of either civil or criminal perjury that I have read, understood, and meet all of the above criteria. I further understand that if at any future date I no longer meet the criteria, it is my obligation to advise the City. Failure to do so could result in back billing to the date of ineligibility by the City. I consent and agree that the City of South Bend may verify and confirm the above if deemed necessary. The Social Security Administration and Internal Revenue Service are authorized to release income and retirement information as necessary for the City to determine my eligibility for a Low Income Discount for City utilities.**

Name (print) \_\_\_\_\_ WA D/L or ID # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

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



Age and Identification confirmed by \_\_\_\_\_ Date \_\_\_\_\_