

**Discount is for street
maintenance fee only**

**STREET MAINTENANCE FEE (SMF)
LOW INCOME DISCOUNT
ANNUAL APPLICATION**

NAME: _____ ACCOUNT NUMBER: _____

ADDRESS: _____

CONTACT PHONE: _____ EMAIL: _____

TYPE OF SERVICE (Check one):

_____ Single Family Residential

_____ Multi-family Residential (Individually Metered)

HOUSEHOLD SIZE: _____ Members

List names and ages of each household member:

NAME	AGE	NAME	AGE

PROOF OF INCOME (Originals required):

Check all that apply.

_____ Check stub (Most recent 3 month period)

_____ Entitlement Letter (ie, Social Security Income)

_____ Retirement Income

_____ W-2 Form (Most recent calendar year)

APPLICANT SIGNATURE REQUIRED:

Signature

Date

FOR INTERNAL USE ONLY

Resolution Officer Validation: _____

Date Received	(A)pproved / (D)enied	Date Customer Notified	Date System Updated	Processed by: