

STREET MAINTENANCE FEE LOW INCOME DISCOUNT ANNUAL APPLICATION

This discount is for the Street Maintenance Fee only.

INSTRUCTIONS: The Low Income Discount is only available for residential customers who directly receive a utility bill from the City of Corpus Christi. It is not available for non-residential customers. If you receive a utility bill from the City for where you live and you are on a fixed or low income, you may be eligible for the Low Income Discount. The Low Income Discount is a fifty percent discount on only the Street Maintenance Fee. It does not apply to any other City utilities.

The Low Income Discount can be applied for at any time. If you are approved for the discount, you will receive a fifty percent discount on your Street Maintenance Fee for twelve months. The discount is only good for twelve months so you will have to reapply every year. Proof of income is required. The types of income documents that are acceptable include paycheck stubs for the most recent three months, W-2 Forms for the most recent calendar year, proof of retirement income, or entitlement letters from the State or Federal governments such as Social Security Income letters. These documents are required for everyone in the household who is over eighteen years in age.

In addition to the proofs of income, we will need to know how many people live with you with their names and ages. This is important to match the paperwork for any adults living with you and for determining if your household qualifies.

You can bring this application and the required documents to the Street Operations Department at 2525 Hygeia, or you can mail your application and documents to: SMF Resolution Officer, 2525 Hygeia, Corpus Christi, TX 78415.

NAME: ACCOUNT NUMBER:

ADDRESS:

PHONE: E-mail

TYPE OF SERVICE:

HOUSEHOLD SIZE (How many people live here.):

INCOME DOCUMENTATION:

PROOF OF INCOME DOCUMENTS (Check all that apply):	Check stub (most recent three months)
	Proof of retirement income
	Entitlement Notification Letter (such as Social Security Income)
	W-2 Form from most recent calendar year

RESIDENT INFORMATION (Who lives at this location.):

Your Name:	Your Age:
Spouse's Name:	Their Age:
Person Name 3:	Their Age:
Person Name 4:	Their Age:

Person Name 5:

Their Age:

Person Name 6:

Their Age:

Person Name 7:

Their Age:

Person Name 8:

Their Age:

Person Name 9:

Their Age:

Person Name 10:

Their Age:

Person Name 11:

Their Age:

SIGNATURE:

DATE:

THIS SECTION IS FOR INTERNAL USE ONLY

SMF Resolution Officer:

Date Received:

(A)pproved/(D)enied:

Date Notified:

Date System Updated:

Processed by: