The criteria as set forth by the Gardiner City Counsel for sewer customers to participate in the City of Gardiner Sewer Discount program are as follows:

(a) Applicants must be a resident of the City of Gardiner and the primary name on a domestic sewer account according to the records of the City of Gardiner. Applicants must also be: (1) age 65 or older, or (2) a Veteran, or (3) Disabled (e.g., paraplegics, blind persons), and the applicant’s annual household income cannot exceed 70% of the median household income based on the most recent U.S. Census data. New applicants must provide proof of age at the time of application, such as a valid driver’s license or copy of a birth certificate, as well as proof of household income. Applicants whose information is on file from previous years will not be required to provide proof of age or income again, unless requested by the City. The City reserves the right to require any other information it deems necessary to determine program eligibility.

First-time applications will be accepted at any time, and the discount will be applied to the next bill following application approval. It is the responsibility of the applicant to provide documentation of all household income. New applicants must submit proof of income at the time of application. Lack of proof may cause denial of program eligibility. Sensitive information may be redacted prior to submitting information.

(b) All program participants enrolled in the program must renew each year in order to receive the upcoming year’s discount. Renewal applications are due on or before March 1st each year to allow staff adequate time to update customer records and are subject to approval. Renewal applicants are not required to submit proof of income although they are required to attest to the fact that they meet the income criteria. The City reserves the right to request verification at its discretion.

(c) There will be no retroactive adjustments if applications are not received by the due date.

(d) The discount program will apply only to the quarterly minimum/base sewer use charge.

(e) The discount will amount to a $25 reduction of domestic sewer charges for Veterans or Disabled Persons of any age, a $25 reduction for any participants between the ages of 65 and 75 years, and a $45 reduction for any participants that are 76 years of age or older.

(f) Widows and widowers who had previously met the eligibility requirements for the discount, but due to the death of their spouse no longer meet the age requirement, shall be grandfathered to continue participation in the program under the following conditions: (1) the widow or widower is at least 65 years or age; and (2) the widow or widower continues to satisfy all of the other requirements of the policy as contained herein.

(g) Applicants who had previously met the eligibility household income requirements for the discount, shall be grandfathered to continue participation in the program if they continue to satisfy all of the other requirements of the policy as contained herein.

(h) The sewer discount is subject to available funding as budgeted by the Gardiner City Council. The City may deny application requests if funds have been depleted for a given fiscal year. The City may choose to pro-rate future benefits for all applicants in order to stay within the annual budget allocation.
CITY OF GARDINER

APPLICATION FOR SEWER DISCOUNT PROGRAM

_____________, 2017
(Application Deadline – October 15, 2017)

Please complete all sections. Please print or type.

Name and address of Applicant/Property Owner:

________________________________________________________

Date of Birth:____________________________ (please attach a copy of your birth certificate, drivers license or passport)

Applicant’s Address:

________________________________________________________

Telephone Number: __________________________

Annual Household Income (before taxes): __________________________

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, it and all accompanying documents and statements are true, correct and complete. I understand that applications may be audited at random to verify authenticity of information provided. Failure to provide requested verification documentation will result in immediate removal from the program.

Signature of Applicant: ____________________________  Date: ___________

(If signed by an agent, attach a copy of written authorization to sign on behalf of applicant/property owner)

Your application must include proof of residency. Acceptable documents may include a copy of your prior sewer bill or other documents showing proof of residency in the City of Gardiner.

New applicants must submit proof of annual income. Sensitive information may be redacted prior to submitting information.

Please return the completed application and supporting documentation to:
City of Gardiner, Sewer Department, 6 Church Street, Gardiner, ME 04345
CITY OF GARDINER

RENEWAL APPLICATION FOR SEWER DISCOUNT PROGRAM

_________________ 2017
(Application Deadline – October 15, 2017)

Please complete all sections. Please print or type.

Name and address of Applicant/Property Owner:

________________________________________________________________________

Date of Birth: __________________________________________________________

Applicant’s Address: ____________________________

Telephone Number: ______________________________________________________

Annual Household Income (before taxes): _________________________________

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, it and all accompanying documents and statements are true, correct and complete. I understand that applications may be audited at random to verify authenticity of information provided. Failure to provide requested verification documentation will result in immediate removal from the program.

Signature of Applicant: ___________________________________________ Date: _____________

(If signed by an agent, attach a copy of written authorization to sign on behalf of applicant/property owner)

Your application must include proof of residency. Acceptable documents may include a copy of your prior sewer bill or other documents showing proof of residency in the City of Gardiner.

Please return the completed application and supporting documentation to:
City of Gardiner, Sewer Department, 6 Church Street, Gardiner, ME 04345
**Income Worksheet**

**Applicant’s Name**

**Application Date**

**NON-EARNED INCOME (E.G., VA, SS, SSI, PENSION, ANNUITY)**

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Source</th>
<th>Amount</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EARNED INCOME (E.G., RENTAL INCOME, INTEREST, DIVIDENDS, CHILD SUPPORT, ALIMONY, WORKERS’ COMP, OTHER)**

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Source</th>
<th>Amount</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMENTS:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature:

Date: