

SEWERAGE AND WATER BOARD OF NEW ORLEANS
INCREASED SANITATION CHARGE EXEMPTION APPLICATION

APPLICANT (full name): _____

SERVICE ADDRESS: _____

SEWERAGE & WATER BOARD ACCOUNT NUMBER: _____

In accordance with Sec. 138-58(d) and Sec. 138-63 (c-d) of the City Code - exemption from any increase in the sanitation service charge above the rates in effect as of December 1, 2000, and exemption from the recycling service charges shall be granted for 12 months for any head of household who is 65 years of age or older and whose household income does not exceed the standard for low income households which is established by the U.S. Department of Housing and Urban Development. (see back of page for current guidelines)

Documents Required

1. PROOF OF AGE:

(Check one and include copy)

<input type="checkbox"/> Louisiana State I.D.
<input type="checkbox"/> Louisiana Driver's License
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> OTHER: (U.S. Passport, U.S. Resident I.D., Out-Of-State Driver's License)

2. PROOF OF FEDERAL LOW INCOME

(Check one and include copy)

<input type="checkbox"/> Supplemental Security Card (SSI)
<input type="checkbox"/> Medicaid Card
<input type="checkbox"/> Social Security Administration Award Letter
<input type="checkbox"/> Food Stamps I. D. Card (FSP2)

3. PROOF OF HOUSEHOLD INCOME

You must provide proof of the total amount of income for all members in household and the number of household members.

3(a): Number of household members: _____
3(b): Total household income \$ _____ .00 (include copy of verification)

I certify that the information provided is true and is furnished for the purpose of qualifying for an exemption from an increase above the rates in effect as of December 1, 2000 of the sanitation service charge for a 12 month period.

SIGNATURE _____ DATE _____

Please Return This Form Along With Copies of

1. Proof of Age
2. Proof of Federal Low Income
3. Proof of Household Income

TO: SEWERAGE & WATER BOARD OF NEW ORLEANS
SPECIAL ACCOUNTS UNIT
625 SAINT JOSEPH STREET, ROOM 124
NEW ORLEANS, LA 70165
Fax: (504) 585-2509

FEDERAL REGISTER POVERTY GUIDELINES FOR YEAR 2017

<u>NUMBER OF PERSONS IN HOUSEHOLD (Family Size)</u>	<u>INCOME</u>
1	\$12,060
2	\$16,240
3	\$20,420
4	\$24,600
5	\$28,780
6	\$32,960
7	\$37,140
8	\$41,320

For households/families larger than eight persons, add \$4,180 for each additional person.

OFFICE USE ONLY

VERIFIED BY: _____ DATE: ____ / ____ / 20____

SINGLE

DOUBLE

COMMENTS: _____
