SEWERAGE AND WATER BOARD OF NEW ORLEANS REDUCED SANITATION CHARGE APPLICATION

APP	PLICANT (full name):							
SER	VICE ADDRESS:							
SEWERAGE & WATER BOARD ACCOUNT NUMBER:								
in th the ro of ag whic	ccordance with Sec. 138-58(d) and Sec. 138-63 (c-d) of the City Code - exemption from any increase he sanitation service charge above the rates in effect as of December 1, 2000, and exemption from recycling service charges shall be granted for 12 months for any head of household who is 65 years ge or older and whose household income does not exceed the standard for low income households ch is established by the U.S. Department of Housing and Urban Development. (see back of page for rent guidelines)							
	Docum	nents	Req	<u>uired</u>				
	1. PROOF OF AGE : (Check one and include copy - NOT REQUIRED FOR RENEWAL)			PROOF OF FEDERAL LOW INCOME Check one and include copy)				
	Louisiana State I.D.			Supplemental Security Card (SSI)				
	Louisiana Driver's License			Medicaid Card				
	Birth Certificate			Social Security Administration Award Letter				
	OTHER: (U.S. Passport, U.S. Resident I.D., Out-Of-State Driver's License)			Supplemental Nutrition Assistance Program Card (Louisiana Purchase card)				
You	must provide proof of the total amount of ehold members. 3(a): Number of how 3(b): Total household income \$	usehol	d me					
exen				nished for the purpose of qualifying for an E December 1, 2000 of the sanitation service				
SIG	NATURE			DATE				
1. F 2. F	ase Return This Form Along With Copies of Proof of Age - NOT REQUIRED FOR REP Proof of Federal Low Income Proof of Household Income	·	L	To: Sewerage & Water Board of New Orleans Special Accounts Unit 625 Saint Joseph Street NEW ORLEANS, LA 70165				

Fax: (504) 558-9848

Revised 02/18/2020 gdb

FEDERAL REGISTER POVERTY GUIDELINES FOR YEAR 2020

NUMBER OF PERSONS IN HOUSEHOLD (Family Size)	<u>INCOME</u>
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120

For households/families larger than eight persons, add \$4,480 for each additional person.

	OFFICE USE ONLY			
VERIFIED BY:		DATE:	/	/ 20
SINGLE				
DOUBLE □				
COMMENTS:				