Sewerage and Water Board of New Orleans

REDUCED SANITATION CHARGE APPLICATION

APPLICANT (full name): _____

SERVICE ADDRESS: _____

SWBNO 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 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)

- Louisiana State Identification
- Louisiana Driver's License
- OTHER:

(U.S. Passport, Out-of-State Driver's License)

2. Proof of Federal Low Income

(Check one and include copy)

- Social Security Administration Award Letter
- Retirement Income (Pension, 401(k)

3. Proof of Household Income

You must provide proof of the total income amount of income for all members in the 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 lor 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: _____

ACCORDING TO FEDERAL REGISTER

NO. OF HOUSEHOLD (Family Size)	(Income)
1	$16,335.00
2	$22,065.00
3	$27,795.00
4	$33,525.00
5	$39,255.00
6	$44,985.00
7	$50,715.00
8	$56,445.00

Households larger than eight, add $5,730 for each additional number.

Please Return this form with copies of

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

To: Sewerage & Water Bd New Orleans
Special Accounts Unit
625 St. Joseph St, Room 124
New Orleans, La 70165
Fax: (504)585-2455

OFFICE USE ONLY

VERIFIED BY: _____

COMMENTS: _____