

APPLICATION FOR WATER & SEWER SERVICE CHARGE REDUCTION PROGRAM (RESIDENTS WHO MEET SECTION 8 INCOME LEVELS)

To the Applicant: The information on this form will be used to determine your eligibility for a reduction in water and sewer service charges on your utility bill. Please complete this form and return to the Finance Department at finance@shorewoodmn.gov.

HOUSEHOLD INFORMATION

Name of Applicant _____

Name of Spouse _____

Address _____

Phone _____ Email _____

INCOME INFORMATION

Income is defined as any amount received from the following sources by any resident:

- Public Assistance, including but not limited to Welfare, AFDC, SSI, and Unemployment Compensation
- Pensions and Annuities, including PERA and Social Security
- Estate or Trust income
- Gains from the sale of property or securities
- Salaries, including commissions, bonuses, overtime pay and tips.
- Interest and dividends
- Rental income
- Business profit (for self-employed individuals, including farmers)
- Payments received from properties being sold on Contracts for Deed

List all residents of your household (Include yourself)

- Income listed should include all income that your household can expect to receive during the next 12 months.
- Resident means any person living in the household.

Name of Resident	Age	Source of Income	Income Amount
1.			\$
2.			\$
3.			\$
4.			\$
Total Income Per Year:			\$

Office Use Only

Today's Date: _____ Approved By: _____

ASSET INFORMATION

List the cash value of assets held by all residents of your household. The value listed should equal the market value of the item minus any amount still owed on the item.

- 1. Cash on hand or in checking accounts \$ _____
- 2. Cash in savings accounts (including those held in trust) \$ _____
- 3. Cash value of Securities or U.S. Savings Bonds \$ _____
- 4. Current Market Value of real estate, excluding homestead \$ _____
- 5. Current Market Value of real estate, excluding homestead \$ _____

Include 100% of the outstanding balance owed to you on property sold on Contract for Deed.

Total Assets: \$ _____

INCOME FORMULA *(Attach copy of most recent Federal Tax Return Form 1040)*

1. Household Gross Annual Income *(Include income from all sources)* \$ _____

2. Standard Gross Deductions

- A. First Adult Resident *(\$750 maximum)* \$ _____
- B. Second Adult Resident *(\$750 maximum)* \$ _____

3. Special Deductions *(No deduction may be taken under this section unless the income is included in Household Gross Annual income above.)*

- A. The income of an adult income recipient (18 years or older) other than primary income recipient *(\$750 maximum)* \$ _____
- B. The amount of childcare expenses *(Defined as those expenses eligible under U.S. Internal Revenue Tax regulations) (\$750 maximum)* \$ _____
- C. The income of any resident who is a full-time student, and who is related by blood, adoption, or marriage to a resident income recipient or his/her spouse. \$ _____
- D. Extraordinary medical or other expenses as the City approves for exclusion. \$ _____

4. Grand total of deductions (Sum of Sections 2 & 3) \$ _____

5. Adjusted gross income (Line 1 minus Line 4) \$ _____

THIS INFORMATION IS STRICTLY CONFIDENTIAL

I, the undersigned, certify subject to penalty under the law, that the above information is true and correct to the best of my knowledge and belief, and that the provisions stated above are accepted and agreed to.

Applicant's signature _____ Date _____