



Customer Care Department

2791 East Point Street

East Point, GA 30344

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APPLICATION FOR SENIOR CITIZEN UTILITY DISCOUNT

_____ Initial Application _____ Renewal Application

Applicant Name _____

Age _____ Date of Birth _____

Applicant Address

Are there other members of your household? Yes _____ No _____
(If yes, please list)

Name	Age	Birth Date	Relationship to Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income Information: the applicant must be the head of the household and the applicant must be 65 years of age during the year of filing. Total annual income must include income from all members residing in the household and must include social security payments, retirement income, and any income from all other sources. To be eligible for this discount program, the total household annual income must not exceed **\$15,000.00**. Proof of income is required. Acceptable proof includes, but is not limited to, your most recent tax return and/or your most recent social security statement.

	Applicant	Spouse
W-2 Wages	\$ _____	\$ _____

Mission Statement
To provide exceptional city services in the most professional, courteous and effective manner to enhance the quality of life in the City of East Point.

Social Security Retirement	\$ _____	\$ _____
Retirement Pension & Annuity	\$ _____	\$ _____
All Interest (Taxable & Non Taxable)	\$ _____	\$ _____
All Other Income for Given Year	\$ _____	\$ _____
Total Household Income	\$ _____	\$ _____

APPLICANT AFFIDAVIT

I hereby apply for a seven (\$7.00) dollar discount only of my electric charges of the utility bill. I swear that the above information is correct and that this discount is requested for my personal residence only. I understand that this request must be renewed each year during the month of January to insure that this discount will continue without interruption. I further understand that providing false, incomplete, or misleading information is a misdemeanor and subject to a fine and/or imprisonment and will result in the removal of my household from this discount program and disqualification of my household from this or any other utility program.

Subscribed and sworn before me on this _____ day of _____, 20_____.

Signature of Applicant

Notary

OFFICE USE ONLY

Form Property Tax Bill _____ Form SSA-1099 _____ IRS Form 1040 _____

Granted _____ Denied _____ Account # _____