



SEWER RENTAL REBATE FORM
LOW INCOME ELDERLY CITIZENS (65 or older) /
LOW INCOME PERMANENTLY DISABLED CITIZENS
(ANNUAL INCOME LESS THAN \$20,000)

Complete and return this form to: **City of York, Revenue Office, Attention Wanda Ruffin, 101 South George Street, York, PA 17401** no later than **JUNE 1, 2017**.

Form must be accompanied by proof of income (including salaries, wages, bonuses, commissions, income from self-employment, alimony, support money, cash, public assistance, pensions, annuities, Social Security, unemployment, disability, workmen's compensation, interest, etc.) Failure to include these documents will result in denial of the refund. Please see attached City of York Ordinance 933.16 for rebate qualifications and limitations.

Name of Applicant: _____

Name of Spouse: _____

Address: _____ Telephone: _____

Applicant Date of Birth: _____ Spouse Date of Birth: _____

Date Applicant Permanently Disabled (if applicable): _____ Date Spouse Permanently Disabled (if applicable): _____

All rebates will be credited to your July 2017 sewer bill. In the case of co-ownership, the rebate will be credited to your account as long as one of the owners is sixty-five years of age or permanently disabled and meets the income requirements. **Proof of income as stated above must be submitted with the application.**

ANNUAL INCOME FOR 2016
(APPLICANT AND SPOUSE)

SOCIAL SECURITY AND SSI BENEFITS	\$ _____
PENSIONS, ANNUITIES AND RAILROAD	\$ _____
RETIREMENT	\$ _____
INTEREST, DIVIDENDS AND CAPITAL GAINS	\$ _____
VETERANS DISABILITY BENEFITS	\$ _____
WAGES, SALARIES AND BONUSES	\$ _____
RENTAL INCOME	\$ _____
STATE (UNEMPLOYMENT BENEFITS)	\$ _____
WORKER'S COMPENSATION PAYMENTS	\$ _____
LIFE INSURANCE BENEFITS IN EXCESS OF \$5,000	\$ _____
CASH GIFTS	\$ _____
ALIMONY AND SUPPORT PAYMENTS	\$ _____
TOTAL INCOME	\$ _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____