

## CHARTER TOWNSHIP OF PORT HURON

### Application for Senior Citizen Water Rate

Date: \_\_\_\_\_ Tax I.D. #: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_

### ANSWER ALL OF THE FOLLOWING QUESTIONS

1. Do you own, occupy and reside at the above address? \_\_\_\_\_
2. Does anyone, except your spouse, live with you?  
If so, who? \_\_\_\_\_  
Do they pay rent? \_\_\_\_\_
3. Do you owe any delinquent water and sewer bills? \_\_\_\_\_
4. Itemize your household income (and attach a copy of last year's MI-1040 or MI-1040-CR).
  - a. Wages, Salaries, Tips, etc. \$ \_\_\_\_\_
  - b. Net business, farm, rental income \$ \_\_\_\_\_
  - c. Income from annuities, estates, trusts \$ \_\_\_\_\_
  - d. Dividends, Interest (including interest from U.S. Securities, state & municipal bonds). \$ \_\_\_\_\_
  - e. Social Security, Veteran's Pension, Railroad Retirement \$ \_\_\_\_\_
  - f. All Other Pensions \$ \_\_\_\_\_
  - g. Total cash public assistance \$ \_\_\_\_\_
  - h. All other income \$ \_\_\_\_\_

**TOTAL HOUSEHOLD INCOME** \$ \_\_\_\_\_

I, \_\_\_\_\_, do hereby certify that the above Information is true and correct. I further state that I will report any material changes to the above information directly to the Township of Port Huron.

Telephone # \_\_\_\_\_ Signature: \_\_\_\_\_

**TOTAL HOUSEHOLD INCOME LIMIT \$23,000**