SENECA FALLS

WATER/SEWER DEPARTMENT

2025 SENIOR WATER/SEWER CREDIT APPLICATION

DUE MAY 1, 2025

Applicant Information

Full Name: _____
Last *First* *M.I.*

Property Address: _____
Street Address *Apartment/Unit #*

Mailing Address _____
Street Address/PO Box

_____ _____ _____
City *State* *ZIP Code*

Home Phone: ( ) _____ Alternate Phone: ( ) _____

Birth Date: _____ Household Size _____

Spouse's Name: _____

*I hereby affirm that I am the owner **and** resident of the property listed above, and that all other information provided in the application is true and correct to the best of my knowledge. I further understand that if the information or documentation submitted with the application for credit is found to be false, I will no longer be eligible for the Town of Seneca Falls Senior Water/Sewer Credit and the Town of Seneca Falls reserves the right to reapply the credited charges to the applicable water/sewer billing account.*

_____ _____
APPLICANT SIGNATURE *DATE*

INCOME VERIFICATION (OFFICE USE ONLY)

2024 Income _____ Document Submitted _____

*Attach proof of income to application form.
- Acceptable proof of income: Federal and/or State tax return; Senior Tax Exemption

WATER CONSUMPTION (OFFICE USE ONLY)

Account # _____ **Average Consumption (Prior Year)** _____

Eligibility Level: 25% 50% N/A

Date **Signature** _____