



APPLICATION FOR REDUCED REFUSE RATES BY PERSONS 65 YEARS OF AGE OR OLDER OR ON DISABILITY AS DEFINES BY SOCIAL SECURITY ADMINISTRATION

To the Mayor and Council, City of Hutchinson, State of Minnesota.

I, _____, am owner-occupant of the following address located within the City of Hutchinson: _____ Water/Refuse Account No. _____.

I am 65 years or older, or I am on disability as defined by the Social Security Administration.

The standard charge for refuse service would impose a financial hardship on me; and I, therefore ask for reduction of the charge to \$1.50/month plus the non-taxable garbage charge of \$1.00/month.

I authorize the verification of my income to be reviewed by the City Finance Director at this time and then every two years thereafter.

I certify my income is less than (within the limitation of \$30,000 of assets):

Table with 2 columns: FAMILY SIZE and INCOME. Rows: 1 (\$31,100.00), 2 (\$35,550.00)

Annual Income from All Sources \$ _____ (Federal Income Tax Form 1040, 1040A, 1040EZ, or MN property Tax Refund Form M-1PR must be submitted with this application)

Cash Assets \$ _____

Other Assets \$ _____

Other Real or Personal Property (Other Than Homestead or Auto) \$ _____

Date _____

Applicant Signature _____