



**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):

<u>FAMILY SIZE</u>	<u>INCOME</u>
1	\$32,900.00
2	\$37,600.00

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 _____