



**APPLICATION FOR ELDERLY (AGE 65 OR OVER)
 WATER & TRASH/REFUSE DISCOUNT FOR SINGLE FAMILY PROPERTY**

PROPERTY ADDRESS: _____ ACCOUNT NO: _____
 ROUTE: _____

I, _____ hereby apply for an elderly (age 65 or over) discount for
 (please print)
 water and trash/refuse on the above property and hereby state under penalty of perjury as follows:

I, _____ am an owner of a single family dwelling at
 (please print)
 _____, Lowell, MA _____. I certify that said dwelling is
 (address) (zip)
 listed as a single family property by the City Assessor's Office.

I certify that I am age 65 years or older as of the date of this application and a copy of my birth certificate OR passport (photo page) is attached hereto.

I certify that I am an owner of record of said property as of the date of this application and a copy of my deed showing ownership is attached hereto. (If my property is held in a trust - I have also attached the trust document hereto including the list of beneficiaries. I understand that the Law Department will make a decision on eligibility based on review of such trust documents.)

_____ I certify that I personally reside in said property as of the date of this application.
 (initial)

I understand that I must re-file this application annually as of January 1st of each year hereafter when prompted to do so by request from the Water Utility.

I understand that this discount shall apply to water and trash/refuse after January 1, 2017, unless I opt out of the refuse portion of the discount with an additional form attached hereto.

I further understand and agree that if there is any change in my residence or ownership of said property during the year of this application that I (or my survivor) shall notify the Water Utility in writing as of the date of such change.

Signed under penalty of perjury on the date below.

X _____
 (APPLICANT SIGNATURE) (DATE) (TELEPHONE NUMBER)

OFFICE USE ONLY:

ENTERED BY: _____ **DATE:** _____