

Sewer and/or Trash Hardship Discount Application

Public Works Utility Billing

150 N Capitol Blvd.

PO Box 500

Boise, ID 83701

www.cityofboise.org

Phone: 208-608-7460

Fax: 208-395-7861

Utilities@cityofboise.org

Name:

Mailing Address:

City: State: Zip: Phone Number:

Service Address:

List all persons residing at the Service Address and their relationship to the account holder. If a person listed contributes to the Total Annual Gross Income, select Yes in the Income Earner column.

Name	Relationship	Income Earner	
		YES <input type="radio"/>	NO <input type="radio"/>
	Account Holder	YES <input type="radio"/>	NO <input type="radio"/>
		YES <input type="radio"/>	NO <input type="radio"/>
		YES <input type="radio"/>	NO <input type="radio"/>
		YES <input type="radio"/>	NO <input type="radio"/>
		YES <input type="radio"/>	NO <input type="radio"/>
		YES <input type="radio"/>	NO <input type="radio"/>
		YES <input type="radio"/>	NO <input type="radio"/>

Source of Income	Annual Income <small>(include income from all Income Earners living at Service Address)</small>
Earned Income (wages, rent business income)	<input type="text"/>
Social Security benefits (retirement, disability)	<input type="text"/>
Interest and Dividends (taxable and non-taxable)	<input type="text"/>
Pension / Retirement Income (401k, PERSI, etc.)	<input type="text"/>
Veteran's benefits, unemployment, other sources	<input type="text"/>
TOTAL ANNUAL GROSS INCOME	<input type="text"/>

Required Documentation (failure to provide will result in denial of this application):

A complete copy of your previous years' Federal Tax return is required if your Total Annual Gross Income is more than \$13,000;

A complete copy of your previous years' Federal Tax return is required if you have more than one source of income;

Copies of all Benefit Statements are required if your only source of income is received from Social Security.

If the above do not apply, please provide copies of other documentation for all sources of income.

Terms & Conditions

Applications must be received by May 1 of each year and discounts will be awarded from June 1-May 31 based on income reported for the prior calendar year. Qualifying applications submitted after the May 1 deadline will receive the discount beginning the month following receipt of application.

I certify that the information included in this application is true and accurate. I acknowledge that if any information provided is found to be false or inaccurate, discount(s) received will be reversed.

Signature: Date:

Privacy Statement

We respect your right to privacy and will treat your personal information responsibly. We follow all data security laws and are compliant with FACTA regulations. We protect your information using physical, technical and procedural safeguards. We limit access to your information to those who need it to do their jobs. We do not share this information with any other entity and the information will only be used for the purposes of this application.

Qualification

To qualify for the hardship discount, Total Gross Annual Income in this application must be less than the Annual Gross Income for your size family based on the **Extremely Low Income Guidelines** of the [Community Development Block Grant Income Guidelines](#) listed on the Housing and Community Development website. Housing and Community Development is a division of the Boise Planning and Development Services Department.