



SENIOR CITIZEN DISCOUNT APPLICATION

This form cannot be completed or submitted electronically. It must be printed, filled in and returned by mail, in person, or by fax to:

CWLP Customer Service Office
Room 101
Municipal Center West
Springfield, IL 62757

FAX: (217) 789-2026

Your completed form must be accompanied by a copy of **one** of the following documents in order to verify your age:

- valid driver's license
- State of Illinois ID Card
- birth certificate
- Medicare Card

Your form must also be accompanied by copies of **all** of the following applicable documents in order to verify your income eligibility:

- wage statements
- Federal Income Tax Form (first page of Form 1040)
- Social Security benefit statement
- retirement/pension fund information
- interest/dividend income statements
- Benefit Access Application

SENIOR CITIZEN DISCOUNT APPLICATION

Annual Renewal Required

Name _____	Phone Number _____						
Address _____	Date of Birth						
_____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">Month</td> <td style="text-align: center; font-size: 8px;">Day</td> <td style="text-align: center; font-size: 8px;">Year</td> </tr> </table>				Month	Day	Year
Month	Day	Year					
*Proof of Age Required for Initial Request							

HOW MANY PEOPLE RESIDE IN YOUR HOME? _____

HOW MANY RECEIVE INCOME? _____

ANNUAL GROSS INCOME OF ALL HOUSEHOLD MEMBERS
Proof of All Income Required for Initial Request and Renewal

Social Security Benefits, Supplemental Security Income \$ _____

Public Aid Assistance \$ _____

Unemployment Compensation \$ _____

Alimony and /or Child Support \$ _____

Wages \$ _____

Interest and Dividend Income \$ _____

Pension and Annuities Income \$ _____

Other Income Not Mentioned Above \$ _____
(Odd Job, Etc)

TOTAL ANNUAL INCOME \$
=====

The facts set forth in my application for the Senior Citizen Discount Program are true and complete. I understand that if false statements are found on this application, it shall be considered sufficient cause for removal from the program and ineligibility for further billing at the discount rate. City Water, Light and Power is hereby authorized to make any investigation of my financial and credit report through any investigative or credit agencies or bureaus of its choice.

Signature _____ Date

OFFICE USE ONLY

<u>ACCOUNT NUMBER</u>	<u>EFFECTIVE DATE</u>	<u>RATE</u>	
_____	MO DAY YEAR	OLD NEW	
	- - - -	- - - -	Approved _____