CITY OF WILMINGTON
APPLICATION FORM FOR
WATER, SEWER, AND REFUSE REDUCTION

Section 11-2.2 of the Code of Ordinances of the City of Wilmington permits some single-family residents to receive a reduction on the rates for water, sewer, and refuse. To receive these reduced rates, the HOUSEHOLD must have a total gross income of $18,000 or less AND either be 65 or older or be totally and permanently disabled. To be billed at the reduced rates, qualified residents must complete the information below and provide the following proof:

1. Age – photocopy of driver's license or birth certificate
2. Income – copy of claimant's and spouse's Social Security Administration form 1099 or 2458, most recent federal income tax form, or proof from New Hanover County that claimant is paying reduced County property taxes
3. Disability – certificate from a licensed physician stating that the claimant is totally and permanently disabled (required only if claimant is not 65 years of age)

This completed form, proof of income, proof of age, and disability certificate if applicable be sent to:

City of Wilmington
Solid Waste Management Division
P.O. Box 1810
Wilmington, NC 28402

	CLAIMANT	SPOUSE
FULL NAME	_____	_____
RESIDENCE ADDRESS	_____	_____
SOCIAL SECURITY NO.	_____	_____
DATE OF BIRTH	_____	_____

Enter the total income of claimant and spouse for the past year:

SOCIAL SECURITY BENEFITS _____ LIFE INSURANCE PROCEEDS _____

PENSION _____ DIVIDENDS _____

INTEREST INCOME _____ PROFITS FROM BUSINESS _____

ALL OTHER MONIES RECEIVED (SPECIFY) _____

AFFIRMATION OF CLAIMANT: I hereby affirm to the best of my knowledge and belief, all information furnished by me in connection with this application is true and complete. I fully understand that deliberately falsifying this application is punishable as a felony under North Carolina law (N.C.G.S. 14-4) and would additionally subject me to a civil law suit for the full value of the services received over and above what was already paid for them.

Claimant's Signature _____ Date _____

FOR OFFICIAL USE ONLY

Account No. _____ Approved _____ Denied _____