

**CITY OF GILLETTE
2024 SENIOR CITIZEN/DISABILITY UTILITY RATE PROGRAM APPLICATION**

NAME: _____ PHONE NUMBER: _____

PHYSICAL ADDRESS: _____ City/State/Zip Code: _____

MAILING ADDRESS: _____ City/State/Zip Code: _____

UTILITY ACCOUNT NUMBER: _____ New Applicant* Renewal**

List ALL residents at this address	Birth Date	Relationship

NOTE: ALL HOUSEHOLD INCOME FROM THE PREVIOUS YEAR (2023) IS USED IN DETERMINING ELIGIBILITY

DO YOU FILE INCOME TAX? Yes No

(If yes, attach a copy of your **signed** 2023 Income Tax return along with all supporting documentation no later than April 15th, 2024)

***NEW APPLICANT:** If under the age of 65, please attach award letter from Social Security, which states the date applicant was deemed disabled and qualified for Social Security benefits. Attach ALL 2023 income for EACH household member.

**** RENEWAL:** Attach copies of ALL 2023 income for EACH household member.

(All renewals who did not file a tax return, are due no later than February 15th, 2024 to remain on the program)

SSA Phone # (800) 772-1213

SSA Sheridan Phone # (866) 530-7798

I certify that the information and attachments provided by me are true and correct to the best of my knowledge. I understand that any misrepresentation will result in termination of the reduced account, and any reduction credited to my account shall be billed to me with my next utility bill at its normal full rate.

Signature of Applicant **Date**

↓↓↓(THE FOLLOWING INCOME INFORMATION WILL BE COMPLETED BY THE CLERK'S OFFICE)↓↓↓

Household Gross Annual Income	Head of Household Income	Spouse/Partner &/or Other(s) Income
Wages of all household members		
Social Security or SSI		
Retirement or Pensions		
Rental Income		
Capital Gains		
All Other Income		
TOTAL GROSS INCOME	\$	

Maximum gross income limit ~ single household \$36,450.00 Maximum gross income limit ~ household \$49,300.00

I, Alicia Allen, City Clerk, do hereby certify that the above applicant is hereby approved for the 2024 Senior Citizen/Disability Utility Discount Rate Program.

City Clerk or Designee
PO Box 3003, Gillette, WY 82717

(307) 686-5210

Date: _____ / _____ / _____

Copy sent to Customer Service _____ / _____ / _____