



1685 CROSSTOWN BOULEVARD N.W. • ANDOVER, MINNESOTA 55304 • (763) 755-5100
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2016 REDUCED SEWER RATES FOR LOW-INCOME SENIOR AND PERMANENTLY DISABLED INDIVIDUALS

I hereby request reduced rates as authorized by the City Council for minimum sewer service. I am a senior citizen or a permanently disabled individual and the total annual gross income of my household does not exceed \$30,350 a year. Total annual gross income for disabled individuals is \$46,100.00.

Name:	_____
Address:	_____
Phone:	_____
Date of Birth:	_____

Income Earned In 2015

Salary & Wages:	_____	annually
Social Security:	_____	annually
Pension:	_____	annually
Annuities:	_____	annually
Other:	_____	annually
	_____	annually
	_____	annually
TOTAL:	_____	

Other People Living In Your Household:

Name: _____ Relationship: _____ 2015 Income: _____

Name: _____ Relationship: _____ 2015 Income: _____

In accordance with the Minnesota Government Data Practices Act (M.S.A. 13.04), the City of Andover hereby informs you that some or all of the information that you are asked to provide is classified as private. Private data is available to you and to City staff who require it in the performance of their duties, but not to the public. The remainder of the information is classified as public and is available to the public. This information will be used to process your application. You may choose to withhold this information; however, if you do, the City of Andover may not be able to process your application.

I hereby declare under penalties of perjury that the foregoing is true and correct in respect to the information submitted, that I have no other income other than itemized above and that I meet the following requirements:

- I am 62 years of age or older
 or
 I am a permanently disabled individual and have received an award letter from Social Security Administration indicating the I am one hundred percent (100%) disabled and entitled to Social Security Benefits for such disability or I have received an award letter and/or formal statement from other pension administration indicating that I am one hundred percent (100%) disabled and entitled to benefits from the pension administration for such disability.
- I occupy a single family unit for which I am responsible for sewer billed to me by OPUS21 for the City of Andover.
- I certify that my/our combined gross income is \$30,350 per year or less or \$46,100 per year for disabled individuals.

I acknowledge that this certification must be filed yearly with the City Clerk. I also authorize the City of Andover to verify all sources of income to validate this application.

Date: _____

Signature: _____

- **A copy of your 2015 Minnesota renter and homeowner property tax refund form M1PR must accompany this application even if you do not file an income tax return.**