



1685 CROSSTOWN BOULEVARD N.W. • ANDOVER, MINNESOTA 55304 • (763) 755-5100
FAX (763) 755-8923 • WWW.ANDOVERMN.GOV

2025 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, and the total annual gross income of my household does not exceed \$46,350 a year. Or I am a permanently disabled individual and the total annual gross income of my household does not exceed \$72,950.

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

Income Earned In 2024

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

Other People Living In Your Household:

Name: _____ Relationship: _____ 2024 Income: _____

Name: _____ Relationship: _____ 2024 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 that 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 \$46,350 per year or less or \$72,950 per year or less 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: _____

- **Homeowners must submit a copy of your 2024 M1PR form with your application even if you do not file an income tax return.**
- **Renters must submit a copy of your 2024 M1 form with your application.**