

To Be Processed For:  
Water \_\_\_\_\_  
Dog \_\_\_\_\_  
Garbage \_\_\_\_\_

Water Acct# \_\_\_\_\_  
Date \_\_\_\_\_  
By \_\_\_\_\_  
Approved  Denied

**CITY OF ANTIOCH  
APPLICATION FOR SENIOR CITIZEN DISCOUNT**

Eligibility for Exemption

Applicant must:

1. Be a resident of the City and, except for legal dependents, must be the sole user of the utilities: and
2. Be sixty-two (62) years of age, or older, or be disabled as established by the Social Security Administration Supplemental Income Program; and
3. have an annual total household income of \$24,000 per year or less.

Proof of Age

One of the following documents will be accepted as proof of age:

1. Birth Certificate
2. Baptismal record, established during the first few years of life
3. Medicare card
4. Social Security Administration document

Proof of Income

Total household income is the amount as indicated on the most recent State/Federal Income Tax Return. Social Security and all retirement benefits are included as part of the total income amount.

NAME (last) _____ (first) _____ (initial) _____
ADDRESS _____ PHONE _____
DATE OF BIRTH _____ TOTAL HOUSEHOLD INCOME _____
SOCIAL SECURITY NUMBER _____

*I certify that the above is true and accurate to the best of my knowledge and agree to immediately report any change in eligibility.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

COPIES OF PROOF OF AGE AND HOUSEHOLD INCOME MUST ACCOMPANY THIS APPLICATION. DO NOT SEND OR BRING ORIGINAL DOCUMENTS. THE COPIES MUST REMAIN WITH THIS APPLICATION.

**CITY OF ANTIOCH, FINANCE DEPARTMENT  
PO BOX 5007, ANTIOCH, CA 94509, (925) 779-7060**