

WATER DEDUCTION APPLICATION FORM

Every Claimant For A Water Deduction
Please read, complete, sign and return form

Deduction by PERSON RESIDING IN A DWELLING HOUSE OWNED BY HER/HIM to whom water services are charged or from whom they are collected AND IS (check A or B)

A. ___ of the age of 65 YEARS OR OLDER or is

B. ___ LESS THAN 65 YEARS OF AGE AND IS PERMANENTLY AND TOTALLY DISABLED IN ACCORDANCE WITH THE FOLLOWING PROGRAM (check one):

1. ___ Federal Social Security Act, 42 U.S.C. Section 301 et seq.
2. ___ U.S. Department of Veterans Affairs
3. ___ And Either is annually eligible to received pharmaceutical assistance to the aged and disable program, P.L. 1975, c. 194 (C. 30:4D-20 et seq)

AND

Has a total income not in excess of \$10,000 per year exclusive of benefits with the following program (check one):

1. ___ Federal Social Security Act.
2. ___ Any other program of the Federal Government for persons excluded from coverage under the Federal Railroad Retirement Act of 1974 and Federal pension disability of retirement programs or any state program as defined in ordinance 3397, Section 236-12-1

On dwelling located in the MUNICIPALITY OF FRANKLIN TOWNSHIP, COUNTY OF SOMERSET, known as

(Property owner's name)

(Property address)

Described as BLOCK _____ LOT _____ QUALIFIER _____

WATER ACCOUNT NUMBER _____

Owner Telephone Number: (Area Code) _____ (Number) _____

CONFIRMATION OF INCOME FOR WATER IN WHICH DEDUCTION WAS GRANTED

1. I, _____, hereby declare that I own the above-mentioned property and reside at the above-mentioned address.
2. Birthdate: _____
3. (Complete if under 65) I, _____, hereby declare that the total applicable income received by me from all sources during the applicable income period, namely, the calendar year 20____, the year in which the water deduction was grated with respect to the property described herein, DID _____ DID NOT _____ exceed \$10,000 dollars. I also hereby declare that I reasonably anticipate that the total applicable income to the received by me from all sources during the calendar year 20____, WILL _____ WILL NOT _____ excel \$10,000.
4. I, _____, am less than 65 years of age, and am permanently and totally disabled according to the provisions stated above. As a person who made claim to be totally and permanently disabled, I also hereby affirm that my status as such remained unchanged.

I hereby certify that the foregoing declarations are true to the best of my knowledge and belief, and I fully understand that such declarations will be considered as if made under both, and, as to a false declaration, shall be subject to the penalties provided by law for perjury.

DATE: _____ SIGNATURE OF CLAIMANT: _____

NOTE: Failure to file this statement with the Tax Collector or failure to submit any additional proof of income which may be required by the Tax Collector, or a determination that claimant's income during the billing year exceeded the applicable limit, will result in disallowance of the deduction granted from the water bill with respect to the applicable billing year or may jeopardize the continuation of the water deduction for the current billing year. Claimants who fail to comply herewith or whose income exceeds the applicable limit during the applicable billing year will be required to repay the amount of deduction, granted, on or before the 1st billing quarter of the current year and if unpaid, the said amount shall constitute a lien on the party and in addition become a personal debt of the delinquent claimant or, where an extension of time for filing has been granted no later than 30 calendar days after the expiration of said extension, after which time if unpaid, said water billing shall be delinquent, constitute a lien on the property, and in addition, the amount of said water bill shall be a personal debt of said person.