

ELECTRIC & WATER DISCOUNTED RATES
SENIOR CITIZEN, LIFELINE AND DISABILITY

APPLICABILITY

This rate shall be applicable to the use of service for private residential purposes when the following criteria and conditions are met:

- (1) Senior Citizens – Customer must be at least 65 years of age; or
- (2) Lifeline – Customer must be listed on the schedule of eligible customers established by the Commissioner of the Department of Human Services pursuant to NJSA 48:2-29.16 or
- (3) Disability – Customer must present a physician's certificate verifying customer's permanent and total disability, or a copy of the Social Security Award Certificate (Form #SSA-30) to demonstrate disability.

A customer who satisfies the criteria of subsection (1), (2), or (3) above and who meets all of the conditions of the following subsection shall be eligible for the appropriate rate.

- (A) Customer's annual income must not exceed \$26,130 (single) or \$32,037 (married couple) per annum from all sources of eligible taxable and non-taxable, but not including Social Security.
- (B) Total income of all persons who reside in customer's household from all sources, taxable and non-taxable shall not exceed \$39,250 per annum.
- (C) The Borough Chief Financial Officer shall be the enforcing agent and shall annually certify to the Board those residents eligible for the Senior Citizen, Lifeline and Disability rate.
- (D) The rate shall be effective only upon application to the Borough Chief Financial Officer and after approval by the Board in its sole and complete discretion as to qualification hereunder.

BOROUGH OF PARK RIDGE ELECTRIC AND WATER UTILITY

**ANNUAL INCOME STATEMENT TO DETERMINE ELIGIBILITY
FOR SENIOR CITIZEN, LIFELINE, AND DISABILITY RATES**

Each year you are required to complete this statement and return it to the Electric and Water Department by May 15th. You must enter the names of ALL PERSONS RESIDING AT YOUR ADDRESS AND ALL ANNUAL INCOME RECEIVED BY THEM.

NAME	ANNUAL SALARY	ANNUAL PENSION	SOCIAL SECURITY	INTEREST & DIVIDENDS	ANNUAL RENTAL INCOME	TOTAL
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

I CERTIFY THAT THE ABOVE DECLARATIONS ARE TRUE

NAME _____ ADDRESS _____

TELEPHONE NUMBER _____ ACCOUNT NUMBER _____